B 17 Full Blatte

BUFFALO

Medical and Surgical Journal.

EDITED BY JULIUS F. MINER, M. D.

Professor of Special and Clinical Surgery in the Buffalo Medical College; Surgeon to the Buffalo General Hospital; Surgeon to Buffalo Hospital of the Sisters of Charity, etc., etc.

EDWARD N. BRUSH, M. D.

Physician to Buffalo Hospital of the Sisters of Charity, etc., etc.

W. W. MINER, A. M., M. D.

Surgeon to Buffalo Hospital of the Sisters of Charity, etc., etc.

VOL. XVII.

BUFFALO:

BAKER, JONES & CO., 220 AND 222, WASHINGTON STREET.

1877-8.

INDEX.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. AUGUST, 1877. No. 1.

Original Communications.

———:o:———

ART. I.—*Clinical Lecture upon Spinal Curve.* By PROF. J. F. MINER, M. D. Reported by CHAS. A. WALL, B. S., Member of the Class.

Gentlemen:—The Spinal Column, in the adult, consists of twenty-four single bones, (*vertebræ*) united in a continuous column by twenty-three inter-vertebral fibro-cartilages and held together and sustained by a strong ligamentous apparatus. Extending through the centre of this column is the spinal cord; (*medulla spinalis*) with the delicacy of whose structure, and importance of whose function you are all sufficiently familiar. The form or curves, together with the intervening fibro-cartilages, endow the spine with a high degree of elasticity and flexibility, which is regulated by the shape of the vertebral bones, and by the ligamentous apparatus by which the bones are strongly united. It has been believed that the curves not only add to its flexibility, but also to its strength, but such a view is opposed to all mechanical law. The curves render the spine more secure from violence and less liable to suffer from a shock, but cannot be shown to contribute to its natural strength.

The spine in infancy and childhood differs widely from that of adult life. The ossification in the embro of the spine appears later than in almost any other part of the skeleton; its anatomical perfection requires more time, and extends even beyond the period of puberty. During all this period, some parts of the vertebræ are connected with the bodies by cartilages, and are consequently more easily separated than when the ossification is complete. This is to be borne in mind, in connection with the fact, that curvatures of the spine may occur in adult life, but are mainly observed in infancy and childhood, and your attention is called to this subject on account of the frequency of its occurrence, and the importance of early recognition and proper treatment. This disease has been studied anew, within the past few years, and views formerly considered as well founded and settled are now believed to be unsustained by clinical observation.

Lateral Curvature of the spine is a much less serious and a very different disease from that produced by caries of the vertebræ, and known as angular or posterior curvature of the spine. Lateral curvature is never so abrupt and consequently its effects upon the spinal cord are less serious; it is rarely, if ever, attended by caries of the bone or ulceration of the inter-vertebral cartilages, and on this account is quite unlike angular curvature. Its common causes appear ofter quite unlike angular curvature. Angular curvature depends upon organic change in the vertebræ or the inter-vertebral cartilages, while the lateral, or sideways curves, appear generally as caused by irregular muscular contraction, acting upon weakened, irritated, or otherwise diseased bones, cartilages and ligaments, drawing them out of their natural position and inducing deformity.

The *causes* which may produce this irregular muscular action are various and require brief notice. Hypertrophy of the muscles may be induced simply by excessive use, in following any avocation requiring constant use of one arm, or of the muscles of one side. In this way the spine may be made to deviate laterally, since it is a law that muscles grow from use and become atrophied from rest. The muscles of one side becoming more fully developed and powerful, overcome their fellows of the opposite side and produce marked

curvature, the convexity of which points to the hypertrophied limb. Similar effects are produced if the muscles on one side of the spine become atrophied and loose their power, while on the other side the muscles retain their natural vigor and strength. This is sometimes observed when muscles become disabled from inflammation, as in rheumatism, or by paralysis, as in severe contusion, and in failure in nervous influence, or by spasmodic contractions as in wry neck, which, whenever it occurs in severe form, is always accompanied by curvature of the cervical portion of the spine, often in a distressing degree.

Debility of the muscles is a frequent cause of curvature, probably the most frequent of all. Thus local debility is often caused by *fatigue* of the muscles of the back from protracted maintenance of the erect posture and without support for the spinal column, as is common in factories, and some schools. The muscles soon become wearied and give way to the stronger ones of the opposite side, or to the less wearied antagonists.

Obliquity of the pelvis, is always followed, if long continued, by lateral deviation in the spine, especially is the deformity to be seen in the lumber region. This fact has suggested a method of cure based upon the fact that obliquity producing deviation; it might be instituted as a means of cure. No doubt some success might attend in selected cases, the adoption of the plan, viz.: seating the person upon an inclined plane, the inclination being suited and regulated to meet the requirements of each case. An altered state of the chest, as occurs from pleurisy greatly diminishing the capacity of the the thorax on the affected, and increasing it on the opposite side, often produces lateral curvature. The disease of early life known as *Rachitis,* where the bones are greatly deficient in the earthy salts, with corresponding increase in the animal constituents, thus making the bones incapable of withstanding the action of the various muscles or supporting the weight of the body, is often attended by curvature in the spine, in common with almost all the other bones of the skeleton.

Defective development or malformation of the vertebræ, by conjenital defect will cause lateral deviation in the spine, but it will

be observed that not one of these conditions has a tendency to end in caries, or ulceration of the bone.

Thus far in enumerating the causes of lateral curvature, I am sustained by all authority, but I cannot withhold expression of an opinion, that in some instances at least, the primary seat of the disease is in the bones or inter vertebral fibro-cartilages, and that reflex muscular contraction is induced by it, thus drawing upon one side disproportionately and causing lateral curve. The form of the vertebræ is such, that lateral curve cannot take place so abruptly as posteior curve. The spine rarely curves laterally except by long arches, and this is fully accounted for in the shape of the bones without going back to the causes of the disease, and its pathological conditions. If lateral curve was produced by caries of bone or by ulceration of cartilage, the angles would not be sharp as in posterior curvature, for obvious reasons, and the same anatomical conditions prevent the lateral curve from producing serious ill effects. In the common cases of lateral curvature, the deformity begins in the upper dorsal vertebræ which are more frequently drawn to the right side. One curve being thus formed, nature, always ready in instituting measures of restoration, commences by forming compensating curves, and we soon have two others to counter-balance the first and maintain the equilibrium, one in the cervical and one in the lumbar region, their developement occuring simultaneously, and of course in a direction opposite to the primary curve. The vertebral column is diminished in length in proportion to the curves; the chest is greatly altered in figure the ribs being flattened, elongated and twisted, and the sternum and costal cartilages being tilted forwards and depressed upon the pelvis. The scapula is elevated and rendered prominent on one side and depressed on the other, curve in the cervical region gives obliquity to the head, and in the lumbar region, to the pelvis.

This is however denied by some who declare that scoliosis (lateral curvature) is never tracable to traumatic injury such as is liable to lead to structural change in the bones or cartilages.

The *prognosis* in recent cases of lateral curvature, is generally in those of comparatively healthy constitution. Proper management will then usually effect complete restoration although it must

be early instituted and perseveringly followed. When the affection depends upon paralysis of the spinal muscles, organic disease of the vertebræ or cartilages and ligaments, or serious lesion of the pelvis, hip or leg, complete cure will be impracticable. Some cases of long standing may be regarded as incapable of perfect cure.

Treatment. In speaking of the various causes of lateral curvature, I have indicated that all cases are not alike, and not amenable to the same treatment; hence before any measures are instituted for its relief, the most careful inquiry should be made in reference to its exciting cause. So long as the cause under whose influence the disease has been developed is allowed to continue in operation, it will be impossible to make progress toward cure. The discontinuance of any employment which has been acting as a cause, will often speedily allow of restoration, by enabling the muscles of the two sides to regain their equilibrium upon the loss of which the trouble depends. Thus if curvature is caused by rest of one arm and constant use of the other, reverse this action; if from position at school or in factory from viscious habits of standing or sitting, rectify and change these conditions. In cases of debility and anæmia, tonics are indicated the whole list being proper, and suitably joined with other hygenic conditions are often very useful and proper, never however forgetting that the best and most active tonics in the world, are *food, exercise in the open air, warm clothing and general good care.* Iron and Bark are properly tonics, but of little benefit unless associated with the other conditions. Cod liver oil, stimulants and indeed a long list of adjuvants might be added, —will be added to too great extent in protracted cases.

To all this, one other remedy, more important in its direct influence than all others must be added, *Mechanical Support* is proper, and indispensable in nearly all cases, and your attention must be directed to it, and you must be fully impressed with the idea that without it the treatment of spinal curvature is deficient. I have already indicated my own personal opinions that the cause, in some cases at least, oftener than generally believed, is the same as in the angular curvature, that it arises from injury, and inflammation or other change in bone or cartilage which stimulates reflex muscular action, and I may now add, that whatever the cause, *all* cases may

be benefited by support. They may at least be preserved from greater deformity, relieved from pain, supported and sustained. *Mechanical Support* then is to be added to any and all other measures of treatment.

How this is applied, I will attempt to show you, and to speak a little more in detail, since my chief object is to make you practically acquainted with the proper modes of treating spinal curvature.

Much ingenuity has been exhibited in the manufacture of the various spinal apparatus for support, both in lateral and angular curvature. There is a vast amount of machinery for this purpose before the profession, all of which is more or less adapted to the object in view. Some of it is very elaborate, expensive and cumbersome; and some too flimsy and cheap to be useful. As a general rule, the lightest, most comfortable, and most simple, is the best, but each inventor or manufacturer has conbined or embodied some advantages not possessed by all others. That instrument which offers the best support, restores deformity in the greatest degree and is the least uncomfortable, is certainly to be preferred. Different cases may require different instruments. But I was proposing to consider at this time only

POSTERIOR CURVATURE OF THE SPINE.

The authors of the seventeenth century promulgated the idea that posterior curve of the spine was due to caries of the vertebral bones. This idea was extended by later surgeons, and the view that the caries was due to tubercular disease was generally entertained; and with many surgeons and authors, it prevails at the present time. Two or three modes of tubercular invasion are described,—either there is a central deposit in the vertebral bone which extends gradually and destroys the structure of the vertebral body until it is incapable of bearing the weight of the trunk, or the tubercular material is is deposited in front or by the side of the bodies of the vertebræ, and gradually excavates them until they break down, and the spine bends either posteriorly or laterally, as the case may be. To this, a third has been added, namely, a general infiltration of tubercular substance, throughout the entire cancellated structure of bone, with subsequent absorption, or formation of sequestrum.

With few exceptions, these views have been adopted by the profession. Dr. Pott, who early described the disease and after whom it was called "Pott's disease," regarded it as caries of the vertebral bones. Subsequent authors added that the caries was due to tuberculosis; thus explained, it has almost uniformly been understood.

It will appear strange that anything almost universally conceded by the whole body of the profession should be doubted, especially when the most positive assertions have been made upon this subject by surgeons of the highest respectability.

Upon a careful consideration of the facts which clinical experience constantly furnish, it seems well to again review the ground, though natural, that we approach the subject with some embarrassment. False views in pathology lead to fearful errors in practice, while a distinct and rational view of the causes of spinal curvature, will be followed by corresponding correctness in our means of cure.

Recently tubercular origin in the caries of the spine has been denied, and the evidences aduced seem to my mind conclusive that it was a mistake. Virchow asserts that he has never seen the so-called tubercular cell, and that in the matter hitherto pronounced tubercular, he had failed to observe anything unlike the results of inflammation. Experiments show that pus undergoes transformations which render it not unlike tubercular matter, semi-fluid at first, then at a later period, of cheesy consistance, then hard and finally semi-translucent. This change being due to absorption of its fluid portions. Rokistansey and others even state that pus may undergo the process of calcariazation. In this respect then, tubercular matter presents no marked difference from pus. Pathologists declare, that in numerous instances of so-called tubercular deposites in bones, the microscope revealed fat and other granules, pus corpuscles and bone detritus. In some specimens so large corpuscles have been found that it was impossible to determine whether they were tubercles or pus; these large corpuscles being perhaps the parental pus cells, now much better understood than when these observations were first made. In doubting the existance of tubercular disease of the spine, we do not dispute the caries, but only deny the tubercular cause of caries.

The greatest importance, in my opinion, may be given to this other and very commnnly observed fact, viz. Tubercular disease is one of almost uniform progress to a fatal result. We do, it is true, observe arrested tuberculosis, but in the end it is renewed and most frequently is the cause of d.ath. Whoever saw a child with tubercular disease of the lungs recover to die of old age? or whoever saw the young of either sex, suffer from unmistakable tubercular disease with softening, or suppuration, yet recover to die in advanced life, of other disease?

It seems to me, that when we admit the tubercular nature of posterior curvature of the spine, we also admit its incurability and its almost certain progress to a fatal termination; such, however, is not the clinical history of spinal curvature. While its probable tubercular character has been universally admitted, the fact of frequent recovery has been faithfully observed. It is not true that spinal curvature progresses to a fatal termination, as a rule, exaggerated cases in very feeble, poorly nourished, half-made-up children prove fatal, or produce a condition of general paralysis worse than death; but the great majority of patients suffering from spinal curve of all forms recover in greater or less degree; often live useful and happy lives and die in old age or advanced life of other disease. This simple clinical fact, is to my mind conclusive evidence that generally it is not of tubercular origin and that if ever caused by tubercular disease, it can be only in rare and exceptional cases.

The vertebral bodies are like the cancellated structures in general, highly vascular, and susceptible to inflammation. This process in the bones, and its pathological results are well understood. There is not a single symptom or change connected with so-called Pott's disease, that could not be brought in harmony and fully explaned by supposing the disease to arise from inflammation. Its process and products produce all the symptoms and changes observed in the disease, and it cannot be necessary to suppose tuberculosis, or other hereditary or acquired dyscrasia to satisfactorily account for the causes, progress and termination of spinal curve. One important question yet remained to be settled, in the pathology of spinal curvature, viz.: whether at all, and to what extent the inter-vertebral cartilages partake in the establishment

of the disease. The shape of these cartilages greatly influences and effects the natural curves of the spine in health; if this is so, it is natural to suppose that their integrity and form would greatly influence it in disease. Pathological anatomy has removed all doubt; caries of the vertebræ extend invariably to the fibro-cartilagenous structures, though the change in them does not appear to be so rapid as in the bones. The question, undecided perhaps then is, whether the fibro-cartilages may be the seat of primary affections? These cartilages are possessed of a high degree of vitality judging from their vascular supply. The elacticity and flexibility of the spine depends upon the cartilages, and it seems highly probable that undue strain or injury would lead to structural changes, and make them the seat of primary disease.

Having thus rapidly passed in review some of the pathological conditions which underlie posterior curvature of the spine, we may take into consideration the question, whether they are, such as admit of total or partial restoration to the natural form and functions. Good pathologists will many of them say, no! spinal doctors will say, yes! One will point you to their pathological observations and specimens; the other show you diagrams representing cases before and after treatment, fearful curves *before* and perfectly cured after,—cured by a patented *pair* of *stays*, or a spinal supporter, and done, too, in a remarkably stort time. This will be supported by the corroborative testimony of some very eminent physicians who observed the case and can speak from actual observation. But it is unnecessary for me to speak of all this *clap trap* of pretention before an audience of your intelligence and education. We shall therefore enter upon the pathological changes observed in this disease and the influences they exert. From this basis alone, can be deduced a rational answer. The case before you has proved fatal from long continued ulcerative disease of the vertebræ and inter-vertebral cartilages, culminating in psoas abcess and termininating in death by extensive suppurative inflammation of the peritoneum and general abdominal viscera, which are well shown by the autopsy; but no indications of tuberculosis can be seen in the lungs, or elsewhere.

ART. II.—*Abstract of the Proceedings of the Buffalo Medical Association, Tuesday Evening, July* 3d, 1877. E. N. BRUSH, M. D., Secretary.

In the absence of the President, the meeting was called to order by the Vice-President, Dr. Thomas Lothrop. There were present Drs. Cronyn, Gould, Hopkins, Howe, Fowler, Abbot, Rochester, J. F. Miner and Brush.

On motion of DR. HOWE the reading of the minutes of the last meeting were dispensed with.

DR. H. R. HOPKINS read the following paper on "Spontaneous Generation."

Mr. President and Gentlemen:

In inviting your attention to some considerations upon Spontaneous Generation, I am aware that I am departing somewhat from the practice of your former essayists.

The reasons for this departure are two-fold—those relating to myself, and those pertaining to the subject.

Without doubt we are all of one mind, that study to be either enjoyable or profitable must be by subject; that disjointed, discursive reading is injurious in direct proportion to the extent it is practiced, that such reading fills the mind with chaotic facts, facts which cannot be used in constructive thought, and which occupy the mind to the exclusion of those facts, which, from their adaptability to the wants of the mind, we have come to designate as practical facts.

Then again, the most profitable mental work is that which suggests itself, the rule that the willing hands do the most work, being just as applicable to the realm of thought as to the cotton-field.

Upon receiving the compliment of an invitation to prepare a paper for this evening's entertainment, the operation of the previous mentioned laws led me to select the subject of Spontaneous Generation, partly because it is included in the subject which has for some time engrossed my leisure moments, and partly because of the intrinsic interest of the subject itself; and again for the reason that never, since this subject has occupied the thoughts of

scientific men, has the interest been so intense as now, for the reason that the final settlement of the question seems close at hand.

When the so-called doctrine of spontaneous generation originated, cannot be determined, but there is abundant evidence to show that down to the 17th century it was a universally conceded doctrine. The reasons for the general acceptance of this law you will at once see, when you consider the manner in which men were wont to observe natural phenomena, and the loose inferences they were accustomed to draw from such phenomena.

When men saw that most animal, and many vegetable substances upon undergoing decomposition produced large numbers and many varieties of living forms, and that even pure water on becoming stagnant, was found to be teeming with life, what was more unreasonable than the inference that the living objects came directly from dead matter. At any rate, this belief was held by all classes, the most learned and the unlearned.

In the year 1668 Francesco Redi, an Italian, published a book which was destined to shape the thought of the world for generations. This book contained an account of some experiments which he had made, and which led him to deny the truth of the doctrine of spontaneous generation, a doctrine honored with universal and immemorial acceptance, and to announce in its place the doctrine "*Omne vivum ex ovo.*" To physicians who remember that the science of medicine owes its birth, or its regeneration, to the labors of those noble sons of Italy, Sylvius Vesalius, Fallopius and others, and to the students of history who recall that what Germany is to the thought of the 19th century, that Italy was to the learning of the 15th and 16th centuries, it will seem fit and proper that it was left for an Italian to correct the error in observation and the error in inference of the ages which had preceeded him regarding the origin of living beings. And it is worthy of notice that Redi's success was owing to the fact that he set himself to study and observe nature and natural phenomena, rather than allow himself to speculate as to the cause of supposed phenomena. As you might suppose, a terrible storm was raised over the new doctrine, and men then did as men do now, they looked at the new doctrine and at its propounder, and then attacked whichever they

preferred. Fortunately for Redi, his strength was not in the ingenuity of his deductions, but in the originality of his facts, and his opponents invariably retired from the contest worsted, and before the close of the century the doctrine of Biogenesis, that life comes through the agency of previous living matter, was without opposition. Before the close of the 18th century new features presented themselves in the case. By this time that aggressive habit of mind which in the 16th and 17th centuries was so peculiar to Italy, had spread throughout Europe, and the old questions were being studied by new men. Two naturalists, Needham of England and Buffon of France, took up the study of this subject and found that they could not agree with the hypothesis of Redi, for the following reasons: Needham, writing in 1850, says in substance the theory of Biogenesis claims that the organic life appearing in a decomposing vegetable infusion, is the result of the development of the infusosial germs which that infusion contains. We know that heat kills all living germs. I accordingly boil this bottle of vegetable infusion, and when hot cork it tight and cover the cork with mastic and set it aside; there is now no living germs here and if the theory of Biogenesis is true there will be no life here; but in fact after waiting for a few days the bottle swarms with living forms. These experiments were verified by other observers, and inasmuch as they seemed to flatly contradict the tradition "*Omne vivum ex ovo,*" the rival doctrine of spontaneous generation resumed its former place. Before many years the scene again shitts, and this time back to the place of its birth in Italy. The Abbe Spallanzani criticised the work of Needham and Buffon, that their facts did not warrant their conclusions, that the degree of heat used was not sufficient to kill the germs, and that the corks and mastic did not effectually keep out the air and the germs which it contained. Spallanzani boiled the infusions for a quarter of an hour, and then closed the bottles by hermetrically sealing their necks while boiling, and then found that life failed to appear.

On the face of these facts the supporters of spontaneous generation were silent, and again the pendulum of belief run to the side of Biogenesis.

The close of the 18th century witnessed the introduction of a

new element into the controversy, and one of so much importance that the whole ground must be traversed again. About this time chemists and physiologists were becoming acquainted with the influence of oxygen upon vital phenomena, respiration and nutrition, and men said, is it not oxygen that the infusions of Spallanzani want, to make them fruitful; and finally came to demand that the crucial experiment must give all the favorable conditions for the support of life, at the same time that all existing life was excluded. Since the year 1836 the most able naturalists, chemists, physicists and biologists, have been at work upon this problem, and there are yet two parties, each of which is positive that the truth is with them.

In mentioning the champions of Biogenesis, we must place at the head Pasteur, and then can cite such names as Helmboltz, Tyndall, Boussingault, Dumas, Roberts and Dallinger; and in the list of the advocates of spontaneous generation or Abiogenesis, Bastian and Burdon-Sanderson of England, Cohn of Breslau, and Huitzinga of Groningen. Says a recent writer: "By a long course of patient work, controlled by eager criticism, the methods of procedure have been gradually perfected and simplified. The opposing ranks have closed, as it would seem, for their decisive struggle. The champions on either side have pressed to the front and we may reasonably hope before long to see the final upshot of a controversy as old as scientific thought." I will not weary you with the details of the various experiments which have been made over and over again by various students of this subject, but will briefly indicate where an experiment has succeeded in establishing a decisive point. Helmholtz, from his studies of the yeast plant and its relations to fermentation, established the fact that, the substance which excites fermentation and putrefaction, and at the same time gives rise to living forms in a fermentable or putrescible fluid, is something which cannot pass through an animal membrane; therefore is not a gas or a diffusible liquid, therefore it is either a colloid or it is matter divided into very minute solid particles.

Posteur demonstrated that these particles of solid matter could be sifted from the air by a plug of cotton wool. He proved their

existence in the wool by sowing them in a proper soil and seeing them grow, and he again proved their solid nature by connecting his flasks with the air by a bent tube, in which the germs would be obliged to ascend in order to reach the fluid, and under these conditions found the fluids invariably sterile. Tyndall has shown that by means of a beam of electric light, you can show the presence of the infusorial germs in the air, and that when a portion of confined air has been allowed to settle until the passage of the beam shows no track, vegetable or animal infusions can be opened in it and remain barren of life; while Dallinger has proven the most suggestive fact that wherever a putrid infusion dries up, there will be found a powdery mass containing spores, which every breath of air will diffuse far and wide, and that some of these spores are so minute as to require two days to fall a few inches in a perfectly still atmosphere. So that the distance to which they could be carried, and to which they could spread contagion is practically unlimited.

On the other hand, Bastian has demonstrated and Cohn, Sanderson and Huitzinga have confirmed that the needful conditions for the development of life in boiled organic infusions are the neutrality or slight alkalinity of the fluid, and its maintainance at a temperature of 115° to 120° F. Also that a turnip infusion with cheese dust added will produce life, after having been boiled and protected from contact with the atmosphere or anything it may contain. Huitzinga has ascertained the like fact when soluble peptons was substituted for cheese dust, and no counter experiments on this point have been made public.

The like fact with other purely liquid infusions has been alleged by Bastian, acknowledged by Sanderson, and confirmed by Huitzinga and Cohn.

Bastian's most telling experiment which he communicated to the Royal Society on June 15th, 1876, and subsequently to the French Academy, is as follows: He places in a retort a given quantity of urine of a known acidity, then he places in a small fine tube enough liquor potassa to not quite neutralize the acid of the urine; this tube he boils from ten to fifteen minutes and seals it when boiling. The tube is then dropped into the retort of urine, and

the whole is boiled for some moments and hermetrically sealed while boiling; a number of retorts thus prepared are placed in a bath of 122° F. and all but one or two are shaken so as to break the potash tube and thus neutralize the acidity of the urine. In almost every case, the retorts thus prepared show life in a few days, while those in which the inclosed potash tubes are unbroken, invariably remain sterile. The receipt of these experiments threw the French Academy into quite an excitement, and Messrs. Boussingault, Milne Edwards, and Dumas were appointed a commission to overlook Dr. Bastian's experiments.

It is also suggested that a similar commission be appointed by the Royal Society to report upon the contra experiments to be made by Posteur or Tyndall.

Let us hope that the truth which has so long eluded the search the most patient and persistent investigators will soon be brought to light. Against the general trustworthiness of Dr. Bastian's views, it is urged, that he is influenced by his philosophy, namely. "That continuity in nature is the grand outcome of all modern research; but if you are to have this in a sense wide enough to include the organic world, you must have spontaneous generation. Give up this, and continuous evolution is impossible; therefore Abiogenesis must be a great truth." The importance of this doctrine to the hypothesis of evolution is indicated by Tyndall's clasic reference to the "power and potency of matter," and the drift of the advanced thought is shown by the following words of Professor Huxley: "But I must guard myself against the supposition that I intend to suggest, that no such thing as Abiogenesis has taken place in the past, or ever will take place in the future. With organic chemistry, molecular physics, and physiology yet in their infancy, and every day making prodigious strides, I think it would be the height of presumption for any man to say that the conditions, under which matter assumes the properties we call 'vital,' may not some day be artificially brought together. All I feel justified in affirming is, that I see no reason for believing that the feat has been performed yet. And looking back through the prodigious vista of the past, I find no record of the commencement of life, and therefore I am devoid of any means of forming

a definite conclusion, as to the conditions of its appearance. Belief in the scientific sense of the word, is a serious matter, and needs strong foundations. To say, therefore, in the admitted absence of evidence, that I have any belief as to the mode in which the existing forms of life have originated, would be using words in a wrong sense.

But expectation is permissible when belief is not, and if it were given me to look beyond the abyss of geologically receorded time to the still more remote period, when the earth was passing through physical and chemical conditions which it can no more see again than a man can recall his infancy, I should expect to be a witness of the evolution of living protoplasm from non-living matter.

I should expect to see it appear under forms of great simplicity, endowed like existing fungi, with the power of determining the formation of new protoplasm from such matters as ammonium carbonates, oxalates and tartrates alkaline, and earthy phosphates and water, without the aid of light. That is the expectation to which analogical reasoning leads me, but I beg you once more to recollect that I have no right to call my opinion anything but an act of philosophical faith."

Dr. Abbott in speaking on the paper, expressed his sorrow that no more were present to hear it. He then referred to the experiments of Tyndall as narrated in an article by that gentleman in the *Popular Science Monthly*, entitled, "A Combat with an Infective Atmosphere."

He said that in the experiments made by Tyndall, in the fall of 1875, no life appeared in animal and vegetable infusions which he made and kept in his "chambers" or boxes, free from exposure to air from the outside, but upon repeating these experiments in 1876, in October, November and December, he was unable to keep the infusions free from life. After repeated trials he moved the apparatus and commenced a new series of experiments in Kew Gardens. Here the results were perfect, the infusions remained perfectly clear and free from life. In seeking for an explanation of this he found that his laboratory where the experiments were first tried, had in it some old hay, the germs of which had, no doubt contamin-

ated the atmosphere. These germs not being destroyed by the short boiling which was necessary to kill the others, had prevented the success of his experiments.

DR. HOWE said he was glad Dr. Hopkins had brought this subject forward; it is one of practical interest to physicians. Tyndall's article, which was termed a combat with an infective atmosphere, contained some suggestive facts for physicians in the causation of contagious diseases.

DR. CRONYN said that to surgeons, this matter of disease-germs, bacteria, etc., was of great interest. They were constantly bringing wounds into contact with the air, which might be vitiated with these germs. Prof. Lister has evidently anticipated the result of the discussion in reference to spontaneous generation by the employment of his antiseptic method to destroy the germs, which he considers necessary to create putrefactive changes in wounds. He referred to a paper read by Dr. Grant, before the Canadian Medical Association, on this subject and concluded by suggesting that cleanliness was probably the main essential in the treatment of wounds, and asking whether the old "Friar's Balsam" which some one had recently revived, was not as equally efficacious as Lister's method.

DR. ROCHESTER said he had the pleasure of listening to Prof. Lister as chairman of the section on Surgery in the International Medical Congress, deliver an address on antiseptic surgery. During this address, and during Dr. Hopkins' paper, one thought had struck him. If a brief exposure to boiling water will not destroy these germs, what real power can reside in a spray of carbolized material to prevent their action.

DR. MINER said that he had but one suggestion to make on this subject. Surgeons were constantly reporting new methods of dressing and treating wounds, and claiming wonderful results therefor. The fact was, wounds did equally well under almost any dressing. One man used the open method of treating a stump, another the method of Lister, a third, hermetically so to speak, sealed up the dressings and made them permanent, while still another immersed the member in hot water. Under different circumstances all were equally successful.

Dr. Brush said that he had listened with a great deal of interest to Dr. Lister's lengthy address at Philadelphia, and while the results which he reported were very fine, he was yet to be convinced that equally good ones were not to be obtained in other ways. One thought had struck him in reference to the inutility of operating under a continuous spray. For instance, a patient is brought into a hospital for an amputation, the operation and subsequent dressings are all made under a spray of carbolized water, with a good result as regards union by first intention, etc. Another patient is brought in with a bad compound fracture, received perhaps in some locality where the contact of disease germs with the wound would almost be a matter of course. Some hours elapse between the receipt of the injury and the application of the dressings, ample time being given for the infection of the wound. The first and subsequent dressings are made under carbolized spray, and a union without suppuration is the result. Now the query is, if the employment of the spray, or thorough washing with carbolized water is sufficient to destroy the germs which have already gained access to this wound, why will not the same method be sufficient in destroying the activity of the few germs which gain access to the stump during the brief process of amputation, without resorting to the troublesome method of operating under a spray.

Some discussion followed on the method employed by Lister in making his dressings, and after the appointment of Dr. Abbott as essayist, with Dr. Cronyn as alternate, the Association adjourned.

———:o:———

Miscellaneous.

Obstetrical Society of London.

Meeting, May 2d, 1877. Charles West, M. D., F. R. C. P., President, in the Chair.

Dr. Robert Barnes showed, for Dr. Bernard, of Londonderry, an apparatus for facilitating the injection into the uterine cavity, after labor, of water or perchloride of iron. It is made of india-rubber, and consists of a band which passes over the operator's hand. It carries a tube on the palmar aspect, which divides into

three branches, so as to distribute the injection. There are also numerous small holes to scatter the fluid. With this instrument the operator's hand is conscious of all that goes on.

Dr. BARNES also exhibited, for Dr. Scott, of Canada, a pessary for complete procidentia uteri. It was constructed of wire, covered with rubber. The upper part consisted of a loop, which was intended to rest behind the cervix. The stem curved backward, over the perineum, and was supported, like Cutter's pessary, by a band which passed posteriorly. It thus was able to yield with the movements of the body. He had used it in about half a dozen cases, and found it to answer well. The patient could place it herself. The instrument could be obtained from Messrs. Blaise or Weiss.

Dr. HEYWOOD SMITH asked if the instrument was put forward as a modification of Cutter's pessary.

Dr. BARNES replied that it was not so stated by the inventor, but it appeared to be similar in principle.

The President announced that Mr. Spencer Wells' paper on Uterine Tumors associated with Pregnancy, would be read at either the June or July meeting of the Society.

ON A NEW MODE OF TREATING CERTAIN CASES OF RETROFLEXION OF THE UNIMPREGNATED UTERUS.

By JAMES BRAITHWAITE, M. D., Leeds.

The author remarked that the application of Hodge's pessary combined with the occasional use of the sound as a redresser, sufficed for most cases of retroflexion, but there were some in which it failed. In these the only plan we had hitherto had to fall back upon was the continuous use of an intra-uterine stem, This was objectionable, since it acted as a foreign body, and kept up hyperæmia. For such cases the plan of treatment described in the paper was advocated. It was deduced from the principle that to straighten a stick the most effectual means was to bend it in the opposite direction, hence, to straighten a retroflexed uterus, temporary anteflexion should be produced. As a preliminary measure, he dilated the os uterus with a sponge tent, which he preferred to one of laminaria. If it could not be introduced past the point of flexion, he passed the first tent up to that point, and on the following day passed a second tent beyond it. The effect was to soften the uterus, to render it easier to undo the flexion, and to make the uterus more tolerant of the instrument afterwards used. This consisted of a brass wire, eight or nine inches long, soft enough to be easily bent. For introduction into the uterus, the last two inches of the wire was covered with india-rubber tubing, which fitted it tightly, and was closed at the end. This uterine portion was limited by a button at its proximal extremity,

about two inches from the end, so that it did not reach within a quarter of an inch of the fundus. It was bent into such a shape as to hold the uterus in anteflexion. It was then introduced with the concavity backward, and rotated, as in redressing the uterus with the sound. An air-ball pessary was afterwards threaded over the wire, passed up as far as the button, and distended sufficiently to hold the whole instrument in position. Finally, the external portion of the wire was bent backward over the perineum, so as to occupy the sulcus between the buttocks. The instrument could not escape, get out of position, or enter further into the uterus; and there was no risk of injury from movement of the patient. It should be worn for four days, during which the patient should remain in bed, and opium should be administered. On its removal a Hodge's pessary is put in position. The uterus being now large and soft, ergot is given in large doses at long intervals, and water-douches administered. The author considered that the uterus is more ready to contract, and thus maintain itself in normal shape, after the withdrawal of the stimulus of an intra-uterine instrument which has been used for a short time only. The plan of treatment was, however, only recommended for extreme cases.

The author had cured the retroflexion in four cases which he had treated in this manner. In two others it was tried, but had to be abandoned. In the first, pain was produced by the use of the tent. Slight metritis was set up by the application of the instrument. It had very soon to be withdrawn, and but imperfect success was attained. In the second case, the instrument was inadvertently introduced on the day when a period was due. Violent pain was caused, and the instrument was expelled. This showed that the uterus itself helped when stimulated to action.

Dr. Priestley then said that some years ago Dr. Moir, the then President of the Obstetrical Society of Edinburgh, had recommended the dilatation of the uterus by sponge tents in cases of persistent retroflexion of the unimpregnated uterus, and the insertion afterwards of an intra-uterine stem with an oval-shaped bulb half way up, corresponding to the bend in the retroflexion, in order to produce a thickening at that point. He could not say what results had been obtained by this method, but Dr. Braithwaite's plan was the same, so far as the dilatation of the uterine cavity was concerned, although the latter part of the process was different.

Dr. Barnes was slow to resort to internal means until external means had failed. Hodge's pessary rarely failed. All intra-uterine supports, however ingenious, must cause a certain amount of chafing; they also fix the uterus. The organ should not be fixed. When all the means had failed, intra-uterine supports might be tried. Before introducing a Hodge, the displacement should be reduced. The action of the Hodge was gentle and safe, and when the uterus was once restored it could be worn with perfect ease. The cure was as complete as with intra-uterine instruments, for in

that case also recurrence might take place. Professor Wallace, of Philadelphia, had shown him intra-uterine pessaries made of compressed sponge over a watch-spring curved back. As the sponge softened, the spring was liberated, and gradually restored the uterus. No external support was used. The inventor gave extremely good cases of the result of this treatment, especially when the fundus was locked under the promontory of the sacrum.

Dr. Graily Hewitt thought the instrument ingenious, and carrying out a necessary principle of treatment of flexion—viz., flexion in the opposite direction. He had done this by means of the sound, passed from time to time, reversed, and so held in position for a quarter or half hour. This, with the introduction of a modified Hodge, and the prone or semi-prone position, usually proved successful even in obstinate cases. There were some cases where the difficulties of treatment were almost insuperable, owing to adhesion of the uterus posteriorly, thinning of the uterine wall at the point of flexion, the chronicity of the flexion, and the hardness of the uterine tissue. He preferred, if possible, the avoidance of intra-uterine stems in retroflexion. Their difficulties and dangers were not light, and he used them only to a *very* limited extent. But if any intra-uterine treatment were to be adopted, Dr. Braithwaite's plan appeared admirable, especially his method of previously dilating the uterus. It should be recognized that there were limits to the possibility of cure, and that no permanent cure could be expected if there were much attenuation of the posterior uterine wall. In such cases the mere unbending of the uterus gave much distress. Another class of incurable cases was that of very old retroflexions in old women with rigidity of the uterus. Such difficult cases, in which it was sometimes necessary to relinquish the attempt at cure, were no doubt very rare. They often obtained much alleviation from Hodge's pessary.

Dr. Routh said the instrument presented many points of ingenuity. Some of them were not new, such as that the pessary was not of the full length of the uterus, and by this means irritation of the fundus was avoided. Dilatation by tent he had practiced for many years, but instead of using sponge tents, he employed laminaria, bent into the shape of the uterine cavity. This instrument fastened behind like Dr. Priestley's, and unlike Sir James Simpson's. The ball in the stem was new. He thought that the instrument would not answer in cases of soft uteri, which turned sometimes one way sometimes another; and that it was very extraordinary that a cure should be effected in four days. The discharge and irritations produced by an intra-uterine stem was sometimes most efficacious in curing, even when it went so far as to set up cellulitis. The thinning of the uterine wall was by that means remedied. Dr. Muirhead's pessary acted in the same way, for it produced in his hands much inflammation. It was desirable to set up a certain amount. He would like to know what was the

previous duration of the four cases, and whether they remained cured.

Dr. Meadows said that younger members of the profession must be puzzled when experiences differed so widely. This subject was often discussed, and differences of opinion appeared to be on the increase. The discussion to-night would not allay the difference. He himself was quite opposed to Dr. Barnes and Dr. Graily Hewitt. The latter said that the thinning of the uterine wall was on the inside of the curve. He held exactly the opposite. When an india-rubber tube was bent, it was thinned on the convex side, and it was the same with the uterus. In a few cases which he had seen post-mortem, this was the case. There was a good instance of it in the Middlesex Hospital Museum. He was opposed to Dr. Barnes as to the use of an intra-uterine stem. He constantly found Hodge's pessary to fail, and not unfrequently to be injurious. If a sound were used after the Hodge was placed, the fundus would be found to be on the top of the Hodge. The views of displacement were too mechanical. Of mechanical means, the intra-uterine stem was far the most efficacious, and not mischievous, if of the proper kind. He often used it, and rarely saw any mischief from it, even in retroflexion. He would be sorry to endorse Dr. Routh's opinion that the production of slight inflammation is beneficial. This would be doing evil that good may come.

Dr. Bantock was surprised to find that retroflexion was still treated by means of a Hodge. The instrument was of use in retroversion, but of no use in retroflexion. A stem alone could effect a cure. Stems did not give rise to uterine contraction or hypertrophy. The effect of introducing a small bougie into the uterus was to cause relaxation, so that a larger one could be introduced next day. Retroversion with anteflexion was very difficult of cure, and cure could be effected by stems alone. He related an obstinate case which he had successfully cured. He first used one of his own stems with a Hodge's pessary. The fundus toppled over the posterior limb of the Hodge, and the stem slipped out by the next day. He then used Meadows' compound stem, in which a stem is fixed by an india-rubber band at right angles to a frame. This kept the uterus in admirable position. After three months' wear it was taken out, and the patient allowed to marry. She was now three months' pregnant.

Dr. Galabin asked whether Dr. Braithwaite had tried a modification of his instrument in cases of anteflexion? His own experience was, like that of Dr. Barnes and Dr. Graily Hewitt, that cases of retroflexion were very rare in which perseverance with Hodge's pessary, with the occasional use of the sound, was of no avail. But the treatment of anteflexion by vaginal pessaries was much less satisfactory. One reason of this was that, when a retroflexed uterus has once been restored, the pressure of the intes-

tines comes to act, as it normally does, more on the posterior than the anterior surface of the uterus, since there is more room for them behind the uterus than in front. In this way the crevix being drawn backward by Hodge's pessary, a natural force of a gentle and continuous kind was called into play for the cure of retroflexion, to which there was nothing analogous in cases of anteflexion.

Dr. Rogers said that although there was much difference of opinion, all must admit that Hodge's pessary sometimes failed. He himself found it do so frequently. He had used intra-uterine stems extensively, and with the best results, first applying leeches, if necessary. It was not the practice at the Samaritan Hospital to set up inflammation intentionally. He had found elastic stem pessaries of much use in many cases.

Dr. Heywood Smith agreed with Dr. Meadows in his advocacy of constitutional treatment as of more importance than mechanical. The latter should generally be preceded by the use of leeches, or other depletory measures. Hence there were more failures among the out-patients of hospitals than among in-patients or in private practice, because the out-patients could not be put into a proper condition for treatment, nor could they obtain sufficient rest.

Dr. E. J. Hicks said that opinions as to the value of pessaries were very various, and there was no agreement even whether flexion produced any symptoms at all. General physicians said it did not. The flexion was not the only thing to be regarded, but the general state should also be treated. If local inflammation were excited by pessaries, the uterus was likely to be put into a worse condition.

Dr. Murray considered that pessaries were used much too frequently, and often in cases in which no discomfort arose from the flexion. He generally succeeded with Hodge's pessary, but in seven or eight cases had used intra-uterine stems. He had seen no ill effects from them, and had always been able to introduce them without dividing the os uteri, as some had advocated. The best form of stem was that of Dr. Wynn Williams.

Dr. Wynn Williams said he recommended stems in anteflexion, but not in retroflexion, and he had only once used one in the latter. This was a case which he had cured by one of his stems, supported by an india-rubber septum. The patient had been many months without benefit under the most eminent obstetricians of Dublin, and a Hodge's pessary could not be endured. A Hodge often failed because it was not long enough to reach the fundus. Before placing it, he restored the uterus with the sound, and passed the pessary over the handle. Before the sound was withdrawn the patient was made to cough and move, to insure it not being displaced afterwards. At first the Hodge should be as large as could be worn.

Dr. Wiltshire said that every one would be astonished at Dr. Bantock's statement that Hodge's pessary was useless in retroflexion. It was most useful in such cases. The intra-uterine stem was effective, and useful for very rare cases, but was an exceedingly dangerous instrument. Great benefit often resulted from simple restoration by the sound, combined with the use of the prone position, without any pessary.

Dr. Beigel said that pathologists paid little regard to female genital organs, and obstetricians were generally debarred from pathology. Hence arose great disadvantage to the science of flexions. He had recently examined about 500 uteri, and was surprised to find how little was known as to their pathology, and how little of what was stated in books was true. Of flexion he had only found ten or twelve cases in the 500. In these there was no change whatever of the uterine walls, even as seen by the microscope, and certainly no thinning of either side. Sometimes the sound could not be introduced, because the lining membrane was glued by inflammation. Nothing was so prejudicial as to set up even the *smallest amount* of inflammation. No one could tell where it would stop, or where it would draw the uterus. Any irritation within might set up by sympathy peri-uterine inflammation. It was very rare to find post mortem the genital organs perfectly normal. Signs of old plastic inflammation, especially about the tubes, were extremely common. As to treatment, he could not understand how a vaginal pessary could benefit a flexion. The uterus required very great power to straighten it; and the only means of cure, though one not always applicable, was an intra-uterine stem.

The President said that he spoke somewhat as representing the outsiders. It struck him as remarkable in what very different lights the same gentlemen regarded the uterus at different times. At one time all manner of sympathetic effects were attributed to it; at another it was considered more tolerant of treatment—not to say maltreatment—than any other organ. Sydenham truly said that it was the duty of those who practised medicine to find out indications for treatment rather than special remedies for this or that condition. The great point to aim at with regard to flexions of the uterus was to distinguish the different classes of these displacements and lay down rules when treatment should not be adopted because unnecessary or not beneficial. Great ingenuity had been shown in devising mechanical contrivances, but this might lead to mischievous practice. It should be remembered that the society should lead the medical profession in a particular branch. The result of Dr. Braithwaite's work was hardly such as to be encouraging. In one of his cases the uterus righted itself spontaneously, in two the treatment failed, in one the dilatation by tents could not be borne. And to gain this result the patient was subjected to very severe suffering, lying on her side for four

days, and passing her urine into a sponge. It should be an extreme case to lead us to adopt such a treatment. Some cases of flexion needed no treatment; in a second class the suffering was from congestion, and was relieved by the cure of this; a third class, including especially cases where adhesions existed, would not bear treatment. Madame Boivin had written a tract on the frequency of a retroflexed uterus bound by adhesion as a cause of repeated abortion. Other flexions depended on the presence of fibroids, and in these the congestion should be chiefly treated. Virchow showed that thinning of the uterine wall took place on the concave side of the flexion, and brief treatment could not cure such a condition. Then a condition found so rarely post mortem as flexion is, according to Dr. Beigel's observation, could not be of very great importance. Stems were objectionable because of the risk of inflammation. The great principle of treatment should be, not to do harm if good could not be done. The effect of using stems might be like setting a house on fire in order to discover a treasure within it.

Dr. Braithwaite stated that the treatment described by him should be followed in exceptional cases only. Hodge's pessary was usually efficient, but in some rare cases it failed, and recourse must be had to stems. Cure was not effected in four days, but the uterus was placed in position for recovery, and the application of a Hodge then became effective.—*Obstetrical Journal.*

———:o:———

American Medical Association.

TWENTY-EIGHTH ANNUAL MEETING.—FIRST DAY'S PROCEEDINGS.

The Twenty-eighth Annual Meeting of the American Medical Association was held in Farwell Hall, Chicago, beginning on Tuesday June 5th. It was opened by an address from Dr. J. Marion Sims, who then presented the new president Dr. Bowdich, of Boston. Dr. N. S. Davis, of Chicago, delivered the address of welcome to Chicago. In the course of his remarks he very appropriately referred to the early organization of the association. This he was quite competent to do, for, as all our readers are aware, he was himself the leader of the effort. The association, whose annual attendance now numbers over six hundred, has shown its appreciation of his labors by twice electing him to the office of president—an honor which has been conferred upon no other physician of this country.

The sections and the association proper all immediately settled down to work, for on the first day of the session the following

papers were read and discussed, either before the entire body or the special section to which the subject belonged: The Administration of Quinia in Pneumonia, by Dr. N. S. Davis; Extirpation of the Uterus, by Dr. Kimball, of Massachusetts; Treatment of some Diseases of the Female Urethra, by Dr. W. H. Byrd, of Illinois; Certain Operations for Vesico-Vaginal Fistulæ, by Dr. Bozeman; the Value of Extension in the Treatment of Fracture of the Femur, by Dr. Hodgen, of St. Louis; the Relations of Spiritualism to Medical Jurisprudence, by Dr. John P. Gray, of the Utica Asylum.

The paper which excited the most discussion seems to have been that read by Dr. Hodgen, on the treatment of the fractured femur. He pointed out the faults of plaster cases and pulley apparatuses before giving his own method of treatment. His conclusions were, that continued extension of the femur is essential; that this can not be secured by lateral supports of any kind, and that it can be by oblique suspension.

The evening of the first day was occupied by a number of receptions tendered the members of the association by the leading Chicago physicians.

SECOND DAY'S PROCEEDINGS.

The revisions of the United States Pharmacopœia was the subject of Dr. E. R. Squibbs' address, on Wednesday morning. Our readers are already acquainted with his reasons for wishing this revision, so this part we shall not repeat. He made frequent reference to a pamphlet (Dr. Wood's) which appeared some months ago in opposition to the proposed revision. The paper, during its first half, treated of the decennial conventions and the manner in which they were called. Under the present arrangement, the convention is to meet in 1879, when a committee on revision will be appointed, who are to prepare an authoritative pharmacopœia, which no doubt, will be defended by all means legally available. The pamphlet pointed out that there would be two pharmacopœias, if the American Medical Association attempts to put one in the field. As to that point, Dr. Squibbs pointed out that Great Britain once had three pharmacopœias; and if there should come to be two in America, the doctrine of the "survival of the fittest" would, in its operation, take care of the best one. In May, 1880, a convention would meet in Washington which would be a convention, no matter how few its delegates, and it would have authority to revise the pharmacopœia.

Dr. P. G. Robinson, of Missouri, followed with a paper treating of the transmission of enteric fever by dairy milk. It instanced a case in which the animals in a dairy were watered at a stream which was polluted above by the excrements of a large number of workmen. The families using the milk were attacked. Dr. Robinson pointed out that great care should be taken in the milk-

supply of large cities, where chsldren were laid especially liable to injury from its impurities.

Dr. J. P. White, of Buffalo, New York, made a report from the section on obstetrics. It consisted for the greater part of a plea for the more frequent use of "that most humane of instruments, the obstetric forceps." He also exhibited an instrument, prepared by himself, which he claimed combined all the good points of all the other instruments in use, and none of the bad.

The section on practical medicine listened to and discussed an interesting report on clinical and meteorological records, by Dr. N. S. Davis and by Dr. Denison, on the influence of Colorado climate upon consumption. The latter paper is supplemental to the one he read in 1876. Dr. Denison is a warm advocate of Colorado air in the treatment of this affection, and presented many tables of statistics relative to the subject. He gave detailed accounts of twelve phthisical cases, of which half were favorable and half unfavorable to the Colorado climate. He had been led to the conclusion that consumption might be benefited by the Colorado atmosphere, not only in its early but under proper conditions, in its later stages. The influrnce of altitude on phthisis was favorable in the beginning of chronic inflammatory and hemorrhagic cases, and in cases allied to these. It was unfavorable as the disease was complicated by cardiac disease, associated with increased labor and abnormal activity.

The paper gave rise to a warm debate. One physician believed that patients who returned from Colorado were worse off than they would have been had they never gone. Another believed that those conditions which restored consumptives to health in Colorado were not climatic, and might be obtained at home. It was voted to refer the paper to the publishing committee, and request Dr. Denison to continue his studies, and embody his conclusions in a paper to be presented to the association next year.

Before the section on obstetrics, Dr. Bozeman submitted statistics relative to organic diseases as observed in Germany.

Dr. Marcy of Massachusetts, read an essay on "Congenital Absence and Imperfect Development of the Uterus," which was discussed by Drs. Webber, of Indiana; Staples, of Minnesota; Warner, Bozeman, Seymour, Sims, and Dean of New York, and Battey, of Georgia.

Drs. Cuttle, of Massachusetts, and Hildreth, of West Virginia, exhibited some new obstetrical instruments of their own device.

The section on surgery and anatomy met in Farwell Hall, the attendance at this section being greater than that at all the other sections combined. Dr. S. D. Gross read a paper prepared by his son, Dr. S. W. Gross, of Pennsylvania, on "Strictures of the Urethra from Masturbation, and its Pathological Significance." Dr. W. T. Briggs, of Tennessee, read a paper on "Medio-Bilateral Lithotomy." Dr. Lewis A. Sayre described his "Treatment of

Fractured Ribs by Extension and Expansion of the Thorax and Retention by Plaster of Paris Bandage."

Dr. Whipple, of New Jersey, described an operation in which he removed one and a half inches of the tibia and fibula of a patient. In the discussion of this case, Dr. Link, professor of anatomy in Indianapolis, described cases in his practice showing that the repair of a bone did not depend on the existance of periosteum.

The section on medical jurisprudence and psychology spent the entire afternoon in listening to and discussing a paper by Dr. R. J. Patterson, of Illinois, on the subject, "Do Facts Justify the Recognition of Moral Insanity as a Distinct Form of Mental Disease?"

Dr. Patterson's conclusions were adverse to such recognition. His paper contained statistics from a large number of insane asylums running back over several years, and showing a very marked diminution of so-called "moral insanity." Dr. Patterson objected to the recognition of moral insanity as a distinct form of mental disease, because there were no cases in which it was shown that a person suffered from "moral insanity," while the intellect was perfectly rational. No person would suffer by the denial of this recognition. The term "moral insanity" not only does no good, but it does positive harm by enabling unscrupulous lawyers to set up a specious plea in behalf of their clients, especially in cases of homicide, in which there is no question as to the soundness of the intellect. The cases of Sickles, McFarland, and many others were cited here. And finally very few of the highest authorities, medical or legal, recognized such a disease as moral insanity, and the plea of that disease is looked on with suspicion by experts.

In the discussion which followed, Drs. Gray, Thompson, Battey, and Knight agreed with the essayist while Drs. Seguin, of New York, and Buck, of Canada, contended for the existance of moral Insanity.

Dr. J. R. Black addressed the section of state medicine and public hygiene, on the Relation of Heredity to Race Degeneration and Improvement.

Dr. Comegys read a paper on state medicine, which particularly dwelt upon the necessity of rigid restrictions as regarded admission to practice. The State should exercise over all physicians a supervision so careful that no unqualified person could, by any possibility, foist himself upon the community.

LAST DAY'S PROCEELINGS.

On Thursday morning the Association met with 650 delegates present.

The report of the committee on Necrology was read and referred.

The Treasurer, on retiring, reported unusually heavy expenses during the past year, but that he had a small surplus.

The Committee on Publication submitted a lengthy report, urging that a medically educated stenographer be employed to supply the copy of the proceedings for pamphlet publication, and making other recommendations.

The Committee on Prize Essays reported that only two had been submitted, and neither was worthy of a prize.

Dr. E. M. Hunt read a long paper on "State Medicine and Public Hygiene."

The Librarian reported that a number of new books had been added.

The qeestion of the revision of the Pharmacopœia was again discussed, but finally the whole subject was tabled.

The following officers were elected: President, Dr. T. G. Richardson, of Louisiana; Vice-Presidents, Drs. White, of New York, Gunn, of Illinois, Russell, of Connecticut, and Dunlap, of Ohio, with Chairmen and Secretaries of the various sections of the Convention.

The report of Drs. J. J. Woodward, U. S. A., and Edward Seguin, on the progress of uniformity in the means of observation and record, was submitted, as follows:

"During your last session you have voted that the question of uniformity in the means of medical observation and of medical records should be presented in your name to the International Medical Congress soon to meet in Philadelphia. This Congress received your communication with an interest enhanced by the warm recommendation of its illustrious President, Prof. Samuel D. Gross, in his inaugural address; and the International Medical Congress, in its turn, voted the sending of delegates to the next International Medical Congress, which is to meet in Geneva, September, 1877, with the special commission of pleading there the cause of medical uniformity. Such has been the offiicial progress of this question since your last meeting.

"Its technological progress consists (a) in the perfecting and cheapening of the sphygmograph, but not yet to the point of making it as popular as the thermometer. (b) In the reduction of urinometers and microscopes to a uniform standard and to pocket size. (c) In the invention of simple colorimeters and globulimeters, which separately realize the hopes induced fifteen years ago by the brilliant invention of Prof. Mantagazza. (d) The more important conquest of this year has been the acceptance of the metric system by the New York State Medical Society.

"It may not be out of place to add that the demand for instruments of positive observation has more than decupled in the last ten years, and that the use of uniform records of medical observation has increased from a few hundreds to thousands annually; a double progress entirely new to the initiative of this great progressive body, the American Medical Association.

"During the same period the pharmacists have made parallel

efforts to bring uniformity in the products of their trade, which is an accessory to our art; and we must acknowledge that they are somewhat ahead of us. They will be strongly represented in the International Medical Congress of Geneva, and it would be more creditable for them than for us were they the first to agree upon the terms of this long longed-for uniformity on our own ground. Pharmacy would gain nothing and physic would lose much by leaving disconnected two movements which tend to establish uniformity in the pharmacopœia and in the practice of physic; both uniformities being twin sisters of the same spirit, the aspiration of the human mind towards the next synthesis.

"Therefore, your reporters on this subject propose that the American Medical Association send special delegates to the International Medical Congress at Geneva—as it did so effectively to the International Medical Congress of Brussels, in 1875,—to advocate the adoption of a progressive uniformity of means of medical observation and records, with the concurrence, if possible, of the members of this Congress who will be found there engaged in advocating the application of uniformity in this and other departments of science."

The Association adopted the conclusions of this report in its last general meeting, and fused the delegation to that effect with the other delegation to the permanent medical societies of Europe for 1877-'78, naming Dr. Edward Seguin, of New York, president of this mixed delegation.

The Association also adopted a resolution favoring the passage of the "Morrison Bill," now before Congress, repealing the tariff on quinine.

Buffalo was selected as the place of the next annual meeting, and the first Tuesday in June as the time.

The Association then adjourned, although the work of the sections was continued until late in the evening.

We have copied this condensed report from the *Cincinnati Clinic*, not being present to report or take notice of the proceedings.

———:o:———

Accidental Section of the Ureter during Ovariotomy.

Dr. Nussbaum gives some interesting details of this grave accident in the *Aertlichs Intelligen. Halt*, 1876, and *Saget Meldon*, May 25th, 1877. He recalls the case of Simon of Heidelburg, who, in 1867, during an operation, destroyed part of the left ureter, and at the same time a part of the uterus. The urine escaped by the uterine orifice and the vagina, at the same time, by an abdominal fistula at the top of the incision.

Dr. Nussbaum's case is different. In this patient (who was the ninety-sixth on whom he performed ovariotomy) he found a considerable quantity of pus and urine, after making the abdominal incision. After recovery, there still remained an abdominal urinary fistula, to remedy which Dr. Nussbaum had three courses opened to him.

1. To obliterate the ureter, with the hope of obtaining atrophy of the corresponding kidney.
2. To form an artificial ureter.
3. To excise the kidney.

He decided on the second method, and, having chloroformed the patient, he incised the urethra, and penetrated into the vagina with a trocar carrying a drainage tube; and, having perforated the vesical walls, the tube was introduced into the artificial cavity where the urine accumulated. The drain was twenty centimetres in length, and opened out at the meatus urinarius. We must admire the wonderful recuperative power of Nature, especially towards the gentler sex; for in this case, we are informed, the artificial apparatus succeeded. The urine secreted and passed by the new ureter, the abdominal fistula healed, and the patient completely recovered.—*London Medical Press.*

———:o:———

Editorial.

Medical Legislation—Professional Honors.

Medical societies have generally held their annual meetings, the characteristic feature being prominence of the *legislative section.* Now it may be well enough for the American medical associations to pass a resolution, giving sanction of law to the prevailing custom of an ex-president acting as nominating committee, selecting the victims upon whom the honors of the association are to be unanimously conferred. In this connection it may be allowable to suggest that professional attainment, distinguished service, or other merit is not to be considered, residence in New Orleans, Boston, San Francisco, Charlestown, New York, or Philadelphia determining the choice in connection with political partizanship. These great centers of political influence are not to be forgotten by the ex-president composing the nominating committee; sectional and political considerations must be allowed full control, in matters of professional progress, and scientific attainment. The honors of our noble profession are not to be thrown away upon the hard working, progressive, intelligent, honest and trustworthy members, regardless of sectional distinctions. (?)

Books Reviewed.

The Question of Rest for Women During Menstruation. By MARY PUTNAM JACOBI, M. D., Professor of Materia Medica in the Woman's Medical College, New York.

The Boylston Prize Essay of Harvard Universitiy, for 1876. Illustrated. New York: G. P. Putnam's Sons, 182 Fifth Avenue, 1877. Buffalo: Peter Paul & Bro. pp. 232.

The writer of this essay interrogates the processes of nature in a candid and philosophical manner for the answer to the question at issue. To this interrogation she comes with the strength of profound erudition, abundant resources with which to prosecute her inquiry, a practice of many years, access without limit to large hospitals and learned societies, the wealth of immense libraries, a disposition for research and unquestioned ability. These should concur to the formation of opinions worthy of respect. The conclusion is given on page 227 in the following words: "There is nothing in the nature of menstruation to imply the necessity or even the desirability of rest for women *whose nutrition* is *realiy normal.* This is not however a mere opinion, but the summing up of a demonstration, of which the reader will get some idea from the quotations that follow. A table of statistics is prepared from the written statements of two hundred and sixty-eight women of different social class and rank, with varying occupations and ladies of leisure. This statement covers the whole period of conscious life up to the time it is made, also the condition of family health, &c., very much after the fashion of life insurance, but is on the whole more minute in detail, and covers a wider range of possibilities. The age at which school life commenced, number of hours spent each day in school, kind of education pursued, whether common, ornamental or higher, number of hours spent in study out of school and number of hours habitually passed in recreation, are noted also the general condition of health and presence or absence and character of pain during before and after menstruation. Strength is measured in this estimate by capacity for exercise in walking. Condition with regard to size, color, weight &c., is also taken into account. Ninety-four persons record themselves as never having suffered either pain, discomfort or weakness during the menstrual flow. This is 35 per cent of the whole. The total number of cases is then divided into two classes. Those who suffer and those who do not are separately analyzed. The results are tabulated in nearly every conceivable manner for convenience of comparison. On page 62 the final summing up of this investigation is given in the following words, "Judging by these

statistics alone, therefore, we should say that immunity from menstrual suffering was to be expected in proportion to:

1. The vigor of health during childhood and the soundness of family history, especially in regard to freedom from constitutional taint of scrofula, consumption, or rheumatism, or family tendency to uterine disease.

2. To the degree of exercise taken during school life.

3. To the thoroughness and extension of the mental education.

4. To the degree to which general health and capacity for exercise were maintained after cessation of study.

5. To steadiness of occupation.

6. Finally to marriage at a suitable time."

On page 97 "The sum of notions in regard to the processes involved in menstruation that have been acquired in the last few years by Waldeyer" and others, are contrasted in columns with those formulated by Pouchet and those adopting the ovulation theory proper. The writer of this essay announces her belief in the Waldeyer school as opposed to the ovulation theory. On page 115, the author says "On the hypothesis that the menstrual period represents the climax in the development of a surplus of nutritive force and material we should expect to find a rhythmic wave of nutrition gradually rising from a minimum point just after menstruation to a maximum just before the next flow. The traces of this rhythmic wave should be measured by the consumption of oxygen and the excretion of CO_2, and of urea; by the tension of the arterial system, the vital capacity of the lungs, possibly also by the dynamic force of the muscles." Then follow tables showing the results of daily measurements of urea, average of pulse and temperature, and variations of muscular force as measured by a hand dynamometer. Where the test was made by lifting weights the diminution was most uniform. Traces by Mahomed's sphygmograph obtained from eight individuals, and taken inter, pre and post menstrually are presented in a series of plates. The author says on page 164, "In all the details examined therefore we find evidences of such a gradual but steady preparation for the menstrual hemorrhage as should exclude the idea that this *when normal* has any tendency to deplete the nutrition or lower the strength." On page 225 "When persons in good health suffer severe menstrual pain, this is nearly always dependent upon some anatomical imperfection of the uterus. When persons in delicate health are free from menstrual distress it is because the supplemental wave of nutrition does not rise sufficiently to greatly increase general vascular tension, or because the uterus is too slightly hyperæmiated to excite reaction." Page 230 "Whenever women exhibit mental irritability and consequent weakness at, or before, mensturation, it is a proof that the resistance of their nerve centres is weakened, below the normal standard, sometimes congenitally and by inheritance. In these cases rest is desirable during whatever period of the month the nervous excitement may be experienced, but this will be more frequently through the two or three days preceding the hemorrhage, than at the time of the flow. In slighter cases

rest is unnecessary; in those more severe it is in itself useless, i. e. other measures must be taken in order to cure the disease. In those cases of congenital hysteria where a cure can not be effected, it is evident that the women *are* permanently unfit to bear severe responsibility or to undergo mental strain."

American women are individually and collectively placed under a debt of gratitude to Dr. Jacobi for the able and thorough investigation she has made of this subject and the fearless manner in which she has written. The Dr. has done more than to answer the question. If women whose nutrition is not normal require labor and rest alternated at shorter intervals than do those in a normal condition, this is also true of all conditions of innutrition without regard to age or sex. We have extended this notice beyond the limits allotted to us on account of the immense interests capable of being affected by false or true opinions with regard to this subject. Books more or less recently written for popular reading have taken false positions and disseminated false opinions, thereby creating the greater need for the genuinely able and scientific investigation and elucidation which we now have in this volume. M. B. M.

The cure of Rupture reducable and irreducable, also of Varicoele and Hydrocele, by new Methods. By GEOREG HEATON, M. D., Member Mass. Med. Society; Fellow of the Royal Chirurgical Society of London; of the Westminster and London Med. Societies; of the Parisian Med. Society of France, etc. Arranged and Edited by J. Henry Davenport, A. M., M. D.

Dr. Heaton does not say that for about a quarter of a century he has offered radical cure of Hernia by an advertisement in the Boston Medical Journal, and that he has never made any impression upon the profession, or in the least changed or influenced the opinions of Surgeons as to the feasibility, safety or truth, of reported cases of radical cure, He does not say that he offered as much twenty-five years ago as now, but calls his operation new.

We propose giving a quotation from the Author, and hope our readers will judge for themselves of this very important matter of radical cure of Hernia, by the "method of *tendinous irritation*," which we confess looks to us "pretty thin."

"It is worthy of observation that all of the operations which have been at various times proposed for the cure of hernia may well be classed among the severe, if not violent, procedures of surgery. Their performance is always succeeded by more or less inflammation, which is often quite extensive, and in some cases is uncontrollable and dangerous. In Gerdy's, Wutzer's, and Wood's opepations, which, though now discarded, obtained in their day considerable notice, an attempt was made to close the hernial opening with a plug formed either of the adjacent integument or of the invaginated scrotal tissues or of both, in expectation that adhesions would form sufficient to retain this rude plug in position and thus prevent the descent of the protrusion.

But even when the violence of the inflammation thus usually excited has subsided and afforded the surgeon an apparent success, the tendency of nature is to get rid of these tissues, which are like foreign bodies in a canal, and the rupture usually soon recurs. But I have alluded to the operations only to remark upon the feature which is common to them all, and which seems to me the true reason why they fail to cure, namely, the excessive and generally suicidal degree of inflammation produced by them one and all. This is the reason why they have not been and never should be generally received as accredited operations; and the same remark applies to my own early operations for radical cure by means of injection of the essential oils. My attention was first drawn to this by observing with some surprise that whenever in my operations the early result was seemingly unsatisfactory because of too little apparent effect, it proved the best as to permanent cure, and I was thus led to persist in efforts which at first were thought likely to prove utterly futile.

I lay it down, therefore, as a cardinal principle in all operations for the cure of hernia, that any inflammation except of the mildest grade must be carefully avoided. If the surgeon cannot operate without producing the four cardinal principles of inflammation described by Celsus, namely, heat, pain, redness, and swelling, he had much better let his patient alone, and not do harm, for such a result cannot do good.

"It is important to avoid inflammation not only because its occurrence weakens if not utterly prevents the alterations we aim to produce by operating, but also because it compels an early abandonment of the means we make use of to support the protrusion during the process of cure. If inflammation is once allowed to occur, the truss or bandage which should be worn for a time will cause much discomfort, and must of necessity be removed. In fact, the patient himself will soon take this off if the surgeon does not, and thus all possibility of a cure will be prevented at the outset.

"Gradually convinced of the truth of the above considerations, for a long time I patiently sought for a practical means of accomplishing this desired avoidance of inflammation, and after eight years of discouraging experiment discovered a process which I call *the method of tendinous irritation.* This form of treatment I have now practiced for many years and in many hundreds of cases, so that I am now well convinced of its value. It may be briefly described as consisting of a mild irritation of those portions of fibrous tissue lying directly in contact with the exterior of the neck of the hernial sac, thickening and consolidating their substance, and effecting a contraction of the openings. This contraction is due not only to the astringent used as an irritant but also largely to the peculiar normal distribution of the bundles of fibre in the neighborhood of the abdominal rings. Below are given two modes of operation, by either of which it is possible to effect a cure, and I myself use them indifferently.

"*Operation for Radical Cure.* (Liquid method or method of injection.*) The operator must be provided with an instrument somewhat resembling the ordinary subcutaneous syringe, which is loaded with the modicum of irritating fluid. This instrument as well as the special form of irritant used will be fully described below. The patient should be placed on a bed in the recumbent position, and the contents of the hernia returned within the abdomen. The position of the patient then usually suffices to prevent the return of the protrusion while operating. If not, it should be retained by the finger of an assistant. The hernial sac also should then be returned to the abdomen if possible. It is true that in the majority of cases this cannot be done, yet the effort should always be made in order to empty the canal as much as possible. If it cannot be returned, the sac may be allowed to remain in its accustomed position, as its presence in the canal only somewhat diminishes the effect of

* This operation, though it may be termed the operation by injection, should not be confounded with the operation of injection alluded to in many text-books of surgery, which consists of an injection of the *interior of the hernial sac* with tincture of iodine or some other inflammatory agent.

the operation, but not by any means actually prevents an entirely satisfactory result. Armed with the instrument, which is supposed to be charged and prepared, the operator introduces its beak into the inguinal canal, but outside of the sac, if this has been suffered to remain in the following manner: invaginate the right forefinger in the scrotum and find the external abdominal ring, then with the left forefinger press perpendicularly upon the integument directly over this ring, and use sufficient force to, if possible, press the integument together with the finger directly into the ring. The left forefinger being at or in the ring, the spermatic cord and the sac, if in the way, are to be pushed to one side so that nothing may remain between the external pillar of the ring and the finger except the integument and subjacent superficial fasciæ. Keeping the left forefinger thus, take the instrument in the right hand and introduce its freshly sharpened and polished beak *quickly*, penetrating the integument and superficial fasciæ, just passing but not grazing the external pillar, and entering the canal at once. Then remove the left forefinger and gently insinuate the beak further on, well into the canal, exercising the greatest care not to impinge upon the spermatic cord, which is sensitive to tne slighest touch, or upon the fibrous walls of the canal. To wound any of these parts endangers the success of the operation, and to penetrate the transversalis fascia would be particularly unfortunate. If the operator in attempting to pass through the ring should impinge upon or transfix one of the pillars (an accident to which the tyro is very liable), the instrument will not be able to be freely and easily moved about, which is to a remarkable extent when the canal is successfully entered. But before proceeding any further the surgeon may do well to confirm his diagnosis of position by transferring the instrument to the left hand, while with the right forefinger invaginated in the scrotal tissues he explores the inguinal region, and examines the exact situation of the beak. Beyond the prick of the puncture the patient suffers but little pain if the introduction is skillfully performed. But any awkward movements of the beak about the spermatic cord will cause sharp pain, which is referred to the testicle or to the deeper parts of the abdomen.

"Having satisfied himself that the beak of his instrument is in the canal, the surgeon then deposits about ten minims of the liquid irritant, emitting it drop by drop and spreading it as much as possible. The beak of the instrument should be well swept about while delivering its contents, passing around the exterior of the sac if unreduced and wetting all the fibrous tissues. Particular care should be taken that the intercolumnar or arciform fibres and the inner edges of the external ring are wet with the irritant. The canal is usually found much more free than would be anitcipated, and any adventitious adhesions can be either broken or avoided. A small though essential amount of the irritant should be placed in the extreme upper portion of the canal, so as to operate upon the fibres embracing the internal abdominal ring. Owing not only to its proximity to the abdomen, but also, and more especially, to the usual presence in the upper part of the canal of a few muscular fibres of the internal oblique, the sensitiveness to irritation here is extreme and the slightest amount of material produces all the effect that is usually desirable.

"Having wet the entire fibrous interior of the canal and of the inguinal rings, the beak is then withdrawn quickly so that none of the injection may be left in the cellular tissue and fasciæ lying beneath the integument and just exterior to the external abdominal ring. At the instant of withdrawing the beak press the finger over the puncture, thus preventing any oozing of blood which might occur if the skin is delicate, and also in the case of a hernia with a free opening hindering any of the injection which has not been absorbed from oozing outward. The application of the irritant may cause some slight immediate pain, which is soon allayed by the morphine which is contained in the injection. The previous protrusion should not be allowed to descend after the application of the irritant, nor the patient be permitted to assume even the sitting position, until a suitable bandage or means of support has been properly applied.

"*The Irritant.* Take of Thayer's Fluid Extract of Quercus Alba, prepared in vacuo, one half an ounce; of the solid alcoholic Extract of Quercus Alba, about fourteen grains. Triturate with the aid of gentle heat for a long time in a mortar until the solution is as perfect as possible. It is well not to exceed this amount of the solid extract, else the mixture will be too irritating. I usually prepare a quantity of this mixture sufficient for six month's or a year's supply, and am very cautious in first using it, adding a little more of the solid or the fluid extract, accordingly as I observe it ptoduces to little or to great an effect. Having once adjusted the proportions in this manner, and satisfactorily tested the mixture, I use it and no other until the supply is exhausted. The proportions never need vary much from what is stated above. In preparing a new mixture I always get the extracts fresh from the laboratory, and am particular to procure fluid extract which has been concentrated *in vacuo.*

"Of late years it has also been my habit to add to this mixture the sulphate of morphine in the proportion of about one grain to the ounce. This has the effect of diminishing the dull aching that follows the operation, which is caused by the irritation of tendinous tissue. It also serves the further purpose of constipating the bowels, which is also induced by the tannin in the mixture. The amount of this mixture used at any one operation is, as said before, about ten minims."

The Pathology and Treatment of Childbed: A Treatise for Physicians and Students. By DR. F. WINCKEL. Translated by JAMES B. CHADWICK, M. D., from the Second German Edition, with additional notes by the author. Philadelphia: Henry C. Lea, 1876.

The work of Dr. Winckel has for some time been favorably known by physicians familiar with the German language, and Dr. Chadwick has now placed the English reading student under many obligations by his excellent translations.

The first thirty-two pages of text are occupied by the Introduction, a summary of the objective appearances in healthy lying-in women, a description of the normal state of the various organs and functions involved in the parturient condition. Following these topics are a few pages devoted to the general etiology and general treatment of chilbed; after which comes the body of the work, commencing with section one, on the puerperal affections of the external and internal organs.

What the author has to say upon the general etiology of puerperal affections may be of interest to our readers as epitomizing to a certain extent his views upon the whole subject. He says at the outset, that everything in woman is in a high degree, predisposed to puerperal affections; quoting and giving additional emphasis to that old statement of Chambond de Montaux, that woman is a being whom nature has, through all ages, allowed to walk upon the edge of an abyss that is ever ready to swallow her up. The causes, he says, of the numerous affections which attend childbred, are principally dependent upon *the changes in the genital organs induced by birth.* Continuing

he says: "It is not the location and manner of closing of the placental site, which alone render possible hemorrhages of which we have but slight external signs; it is the frequent lesions of the cervix uteri, of the vagina, and of the external organs which are peculiarly liable to lead to diseases."

The state of the skin, and intestines come next in the consideration of the etiology of puerperal diseases, the author considering "catching cold" to be by no means an unimportant factor in the production of disease. Errors in diet and premature physical efforts are next considered, and as something equally necessary with physical rest the author includes complete mental quiet.

Of treatment, Dr. Winkel first mentions the antiphlogistic method. General abstraction of blood he condemns, as not only unnecessary, but often absolutely injurious. In regard to local bleeding, the author says that it may relieve pain, diminish the stasis in the greatly distended capillaries, and relieve passive congestions by freeing the circulation. In practicing local depletion of the circulation, Dr. Winkel does not favor abstracting blood directly from the uterus, but from the contrary, seems to have considerable hesitation in so doing. He uses instead, bleeding from the abdomen, conjoined with the use of cold water, or ice compresses. The author does not exhibit that hesitancy shown by some authors in regard to uterine injections, but recommends their employment in various affections. He recommends Braun's syringe, and gives certain precautions to be observed in making the injections.

Omitting all notice of the various puerperal lesions of the external genital organs and uterus, such as ruptured perineum, inversion of the uterus, etc., which are admirably considered by the author, we proceed at once to examine his treatment of the interesting topic, puerperal fever.

His views on this subject may be briefly stated, by saying that instead of recognizing a puerperal fever, *sui generis*, he considers the febrile accidents of child bed to be all, or nearly all due to septicæmia. Seeing nothing in the diseases to which the term puerperal fever have been applied to distinguish them from surgical septicæmia and pyæmia, except so far as they may be modified by the peculiar condition of the parturient.

We have neither time nor space to follow the author as we would desire, his methods of treatment, while they will be modified in a large degree by American physicians, are in the main excellent. The history of his cases are clearly given, and the deductions logically drawn. We notice one peculiar fact, the ordinary method of measuring by ounces and drachms is frequently used together with the metric system, both being occasionally employed in the same case.

Winckel should be read by all practitioners and students who wish to keep fully informed. B.

A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, A. M. M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine and formerly Professor of Materia Medica and Therapeutics in the Medical College of Ohio, &c., &c., &c. New York: D. Appleton & Company, 549 and 551 Broadway, 1877. pp. 516.

This volume is fresh and pleasing in arrangement. original in its scheme of classification, and, as a whole comprehensive and desirable. The newer remedies are appropriately grouped with the old and for some of the old, new uses or restrictions are suggested. It does not aim to rival Wood or Stillé in exhaustiveness, but contains that information which is most essential to a skilful use of the armament of followers of Æsculapius. The chapter on alcohol and wines and the presentation of the different so-called cures, as grape cure, milk cure, &c., together with the location of all the important mineral springs of the world, and composition of their waters, are features of interest. The French and German as well as English names of each drug are given and as a heading to whatever follows with regard to it, a semi tabulated statement of its different preparations and the appropriate dose. This is a convenient arrangement for quick reference. Having become familiar with the contents of the book one would scarcely be willing to miss it from the library. We are glad the author was sufficiently undaunted with the fine things already done by American writers in this department, to give us this comparatively short, but useful treatise. M. B. M.

Transactions of the New York Pathological Society. Founded in 1844. Volume I. Based on the proceedings for the year 1875, and largely supplemented from the records of 1844 to 1872. John C. Peters, M. D., Editor. Geo. F. Shrady, M. D., E. C. Seguin, M. D., and Thomas E. Satterthwaite, M. D., *Committee on Publication.* New York: Wm. Wood & Co., 1876.

This is the first of a number of volumes which the society has authorized. In it the origin and growth of the society is sketched in brief, from its formation until 1876, following which is a complete list of all who have held office in the society, as well as of the members past and present. The remainder of the work consists of reports of cases and descriptions of specimens. The most rare and interesting are alone presented. the entire work of the society for over thirty years having been subjected to close scrutiny, in order that the most instructing cases might be selected. The editor has put forth a work which will be found to be of more interest than the majority of society reports, and shows from the number of cases cited, and the pains taken to accurately report them that the society is accustomed to have good, solid and

conciencious matter presented for its consideration. It is to be hoped that the society will now make up for the lack of any previous publication, by publishing the remainder of its transactions at short intervals, until its mass of material is all before the profession. C.

Hand Book for Hospital Visitors. New York: G. P. Putnam's Sons, 1877. Buffalo: Peter Paul & Bro.

This is number thirteen of the publications by the STATE CHARITIES AID ASSOCIATION. It is divided into eleven parts, treating upon the various topics naturally most important in the formation of hospital buildings, and their maintenance. It is well written, and will be found to be of much help to managers of hospitals. It embodies all the latest discoveries in ventilation, water supply and methods of warming, together with good advice on the nursing service, care of the insane, and a short chapter on the needs of the maternity ward. Every person having any connection with a hospital should secure this small work, and carefully peruse it. The portion which will be found to be of most practical importance is the appendix. Rules are here given for the government of the nurses and patients, with a diet table, and the quantities necessary for each person. These alone are worth the price of the book. C.

How to use the Ophthalmoscope. By EDGAR A. BROWN, Surgeon to the Liverpool Eye and Ear Infirmary, etc. Philadelphia: H. C. Lea. Buffalo: T. H. Butler, 800 pp. 120.

This is a brief and excellent guide for learners in ophthalmoscopy. It has numerous illustrations, and the text is very plain, and easily understood. It will have numerous purchasers.

———:o:———

Books and Pamphlets Received.

Surgical Observations, with Cases and Operation. By J. Mason Warren, M. D. Published by Ticknor and Fields, Boston, 1867. For sale by A. Williams & Co., Boston, 1877

Half-Yearly Compendium of Medical Science.

The Popular Science Monthly, and the Supplement for July and August.

Reply to Dr. J. Marion Sims. By Drs. Peaslee, Emmet & Thomas.

Transactions of the Medical Society of West Virginia.

Thirty-Fourth Annual Report of the Managers of the State Lunatic Asylum, Utica, N. Y., for 1876.

Transactions of Medical and Chirurgical Faculty of Maryland, April, 1877.

Recuring Sarcomatous Tumor of the Orbit in a Child. By Thomas Hay, M. D. Philadelphia: Lindsay & Blakiston, 1877.

Notes on the Epidemiology of Ohio. By J. C. Minor, M. D. Reprint from Cincinnati Lancet and Observer, 1877.

Analysis of Seven Hundred and Seventy-four Cases of Skin Disease. By L. Duncan Bulkley, A. M., M. D. Reprint from New York Medical Journal, June, 1877.

Medical Organizations and their Value. By Wm. B. Atkinson, M. D., 1877.

Annual Announcements for 1877 and 1878, of Bellevue Hospital Medical College; Medical Department of University of Michigan; Hospital College, Medical Department of Central University, Louisville, Ky.; and Medical Department of University of New York.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. SEPTEMBER, 1877. No. 2.

Original Communications.

———:o:———

ART. I.—*Certain points in Diphtheria* By F. C. CURTIS, M. D., Albany.

Diphtheria has attracted a good deal of attention in the medical journals and pamphlets for some time back, due, no doubt to more or less prevalence of the disease in certain localities. In New York especially, it is known that a long continued epidemic is prevailing, and from there as from other places, a great diversity of views regarding this disease have been made public through the medical press, or in society reports. In Albany there has been no extensive epidemic for some years, although sporadic cases have been constantly occurring, which, during the past winter have been more numerous; but not to be dignified with the term of epidemic, for the recently issued report of the city registrar for the year ending April 30th, last shows but 29 deaths from this disease out of a total death rate of 1138. Still we have had some experience with the disease.

I wish to speak of a few points only connected with Diphtheria. Etiology is an uncertain subject, yet exactness is important here. It is a question of practical interest how much vegetable parasites,

or bachteria have to do in producing and keeping up the disease. The bacterian theory seems to be going out of fashion, but the earnest endorsement of it by Oertel and others, renders it still worthy of respectful consideration. In the lengthy article in Ziemssen's Cyclopædia, by Oertel, on Diphtheria, (now written, to be sure, some time ago,) he describes the various forms of these lowly organized vegetations found on the mucous membranes, one of which, the spherical bacterium or micro-coccus, he considers characteristic of diphtheria. The other forms, all of them may be found present in any simple pharyngitis, and especially such as is attended with the formation of membrane, as the croupus, but the micro-coccus never is seen, provided diphtheria does not set in. This spore possesses this peculiarity—that existing along with other fungi, although in ever so small a quantity, it rapidly increases, grows vigorously and soon overgrows and crowds out others and destroys them. In short this extensive observer and experimenter tells us *that micro-cocci are inseparable from the diphtheristic process, and without micro-cocci there can be no diphtheria.* Taking this as a primary proposition, this existence and growth of a fungus on the faucial membrane, it is believed that the disease becomes constitutional by the absorption of these fungi—or at any rate of some septic matter—from this primary location into the system. Oertel says that the bacteria are absorbed, for he finds them in the blood vessels, filling them and mechanically damming them up; muscular fibres are crowded with them; the kidneys contain them in immense numbers, heaped up in the tubules and malpighian corpusles. How they produce their sceptic effect, he leaves undetermined. Others who allow that the disease becomes constitutional by absorption from the fauces hold that it is a virus peculiar to the disease that is absorbed; still others think that it is not a specific virus, but a septic poison absorbed from the inflamed surface which is not different from the poison of ordinary septicæmia. Whether this bacterian theory is correct or not, I will not stop to argue, as it is not necessarily to my purpose. It is an extremely materialistic view of the pathology of diphtheria, peculiarly German, and has many facts opposed to it, some of which Dr. J. Lewis Smith, in one of the most satisfactory articles I have read, specifies: the micro-cocci are found in localities

where diphtheria has not occurred; they are even found on the gums of healthy persons; they do not affect the lungs, although they must reach them by inspiration as readily as the fauces. But whether the *muteries morbi* is the micro-coccus or something not yet determined, I believe the ground well taken that in the majority of cases it has its existance upon the fauces, and that if it remains there it is absorbed into the system, and that its tendency is when thus absorbed to produce a fatal issue. I arrive at this conclusion from clinical deductions, having observed no case of recovery in young subjects, when the disease was well marked in which a treatment on "general principles," or on the expectant plan was pursued, and on the other hand about all have recovered who received local specific treatment from the start, and it is a point of very great importance in the study and treatment of this virulent disease as to whether or not the virus can be destroyed *in situ*, on the surface of the body as it were, before it affects vital structures. It has been taught, and still is, that the main point of difference between croup and diphtheria is that the one is always local, and the other always constitutional. Undoubtedly this statement is true, but is diphtheria essentially a constitutional disease from its inception, even though attended as it usually is from the first with headache and fibrile action. May not these general disturbances be dependent upon the local pathological process? For to repeat, good results have only followed, so far as my observation has gone, where a remedy has been exhibited, which, if not applied directly to the throat, was given with a view to its coming and remaining in contact with the affected surfaces for a time. I think that the reported success of various remedies given internally has been due to a local effect; there is hardly one of them mentioned as efficatious in the journals that we may not conceive as having a decided local influence, as for instance the hyposulphite of soda which some regard as a specific. To be sure there is a possibility of bracing up the system to so high a pitch that the effect of a poison may be resisted.

For snake bites the popular specific is whiskey in large quantities —a constitutional treatment for a poison received locally, but so rapidly absorbed as to get speedily beyond local reach. But may

it not be that in much the same way a curative effect was produced by quinine and large doses of alcoholics, which Dr. Alonzo Clark used to instruct us to rely on, the efficacy of the latter having been, he says, accidently found out through a nurse giving at a short time, nearly a bottle of wine to a child sick with diphtheria, improvement following. The view of Dr. Delafield of New York, that, as I understand it, this disease is a compound one, like epidemic influenza, cerebro-spinal fever and a few others made up in its pathology of an essential fever and a local inflammation, may offer a way to reconcile the phenomena of the disease better than the various theories that would make it either strictly local or constitutional primarily. A point that bears against its being one of the acute infectious diseases, purely constitutional, and one which I do not remember to have seen enforced, is its frequent co-existence with other acute infectious diseases. It is well known to frequently graft itself upon measels and scarlatina. And in hospitals where hospital gangrene or puerperal fever is prevailing it is apt to come in as an unfortunate complication of recent operations. With scarlatina there seems to be sometimes a mutual modification so that it is difficult to say which is the primary, essential disease. But whatever view we may take of the nature of the disease, my belief is that it is a poison to the system, whose natural tendency is to cause death, and that ignoring the local manifestation usually ensures this result, unless the virulence of the disease or amount of the poison is small, in other words the case a mild one, or on the other hand the subject strong to resist it, as we see in the case of adults.

Bearing on these points as well as upon the anti-hygienic conditions favoring its development, I will relate the cure of a single family. About the middle of last December I went to see the child of an employee at the Rural Cemetery, living in the burying ground of the jews on the elevated ground just back of the cemetery. He had just lost a child with diphtheria, dying the day before I was called to see this one. Of the nature of the malady there was no question. My case was a child five years of age; she had been taken sick the day before. There was deposit on both tonsils about the size of a little finger nail, a thin pellicle, having

the crescentic outline suggestive of parasitic development, and looking as if just under the superficial layer of the mucous membrane. This interstitial deposit is insisted on as characteristic by Virchow. Such an appearance as this showed thus early is never presented by any other deposit on the fauces. The cervical glands were a little swollen; the child had an apathetic look and was disinclined to make any muscular effort. There were four other children in the family, two older,—10 or 12 years old, and two younger—about 4 and 1½ years old. All of them had moderately inflamed throats and enlarged cervical glands, but no deposit, and they were all around and well. I directed the treatment recommended by Dr. J. Lewis Smith* to be at once instituted. For a local application this mixture,—℞: *Acid. Carbol.* gtt. x; *Liq. ferri subsulphat.* ℥iii *Glycerine* ℥i, to be applied every two hours with a moderately large soft camel-hair pencil, which was to be washed out thoroughly after each use, and left in a glass of frequently renewed water. Nothing was to be given to drink for 15 or 20 minutes after the application. I also gave every four hours a small teaspoonfull of ℞: Potas. chlor. ʒiss. Tr. ferri chlor. ʒi. Syr. Simplic. ℥ii. This solution smells distinctly of chlorine, which is the most perfect destroyer of disease germs that we possess. No drinks were to be given for a few minutes after each dose of this, I gave her a grain of quinine every four hours, and the same to the other children. Next day the membrane was thick, it was dark brown from the iron, it lays now on top of the mucous membrane distinctly. It had extended all over the tonsils and up into the posterior nares as far as could be seen. There was a vast amount of nasal discharge, thin pus. The child was docile, and the remidies had been faithfully applied. I directed them to be continued. Next day the edge of the white membrane could be distinctly seen coming down into both nostrils. The pulse was 110 and thready, and the patient was very weak. I took a small glass syringe about the size of the ring finger, intended perhaps for a vaginal syringe, filled all the holes but the center one with wax, and directed a third of a teaspoonful of the mixture of carbolic acid and iron to be put into a small quantity of warm water, and injected into both

* Diseases of Infancy and Childhood, 3d Ed., p. 242.

nostrils once in three hours. She was disposed to gargle, and I gave for this a solution of chlorate of potash containing carbolic acid. Whiskey was prescribed, but was not taken largely for the child, otherwise very tractable, could not be persuaded to take much of this. For two days now there was little change in the condition of the throat, the thick leathery membrane continuing adherent, and no attempt was made to remove it mechanically. Then it began to come away freely on the brush, and in a little while was entirely off. The application diluted was continued at large intervals, but produced much pain. The child mended rapidly from grave symptoms, asthenia continuing for a long time, as well as the return of fluids through the nose on the attempt to swallow them. She also had strabismus which after a time disappeared. My last prescription for her was citrate of iron and strychnia. A few days after this child was taken the next younger began to complain, and her throat was found by her parents to present small spots of deposit, quite such as seen on the other, only smaller. They immediately made applications of the throat mixture of his sister, using a separate swab, and the deposit developed no further, disappearing in a couple of days, and she had very little after malaise. I only saw this deposit after it was stained with iron, and cannot speak certainly as to its character. I had given directions that upon the least complaint, if any deposit showed, the solution should be applied at once. About four weeks after the appearance of the disease in the family, the babe was taken in the same way. I only saw this case once, and found that they had the idential tseatment of the first case. The deposit when seen was thick and circumscribed, the child showing but little constitutional disturbance. The treatment was kept up, and she made a good recovery. The father was taken subsequently in April, and employed the same treatment as the others. He recovered easily.

What I wish to illustrate by these cases is the fact, that the treatment was almost purely antizymotic and local. I think I have said enough to show the nature and severity of the disease. What the treatment was in the case of the child that died, I do not know, but believe it was simply sustaining. Others have used what

might be called an antizymotic treatment, exhibited internally. Dr. Burton of Fultonville tells me that he has habitually used, and with remarkable success, a solution of hyposulphite of soda. We may assume that free sulphurous acid forms in this solution, and that this is the destructive agent of the disease germs. Such administration of medicines I should prefer to make in glycerine as a vehicle, to help its fixing on the throat. Chlorine is a better agent for destroying disease germs than sulphurous acid, being used for fumigation of houses infected with small pox, in preference to sulphur fumes, and we should look for a good effect from it, though it has the disadvantage of being difficult to administer, except in minute quantity. If, on the other hand, however, it is the azone formed at the moment of the generation of chlorine gas that is the efficient agent, we should look for no effect except from a solution constantly generating chlorine. As to the value of carbolic acid as an antizymotic it is not necessary for me to speak. It is well known that the mineral salts generally have a similar action, and the large doses of muriated tincture of iron recommended by some, or the iodo-bromide of calcium comp, etc., may all have had their effect, partially at least, in such a way. But theories of treatment should all be thrown aside and empyricism made the test, and while we may not draw conclusions from a few cases, the experience of all help. Theory may avail to reconcile apparently conflicting experiences to each other. But with all I must say that I do not believe we treat diphtheria to our best ability, unless we add quinine and whiskey to whatever antizymotic is employed. The vital forces must be supplemented with all our power in this exhausting disease, especially when cases are not seen at their very inception.

An interesting point connected with the cases in the family I have spoken of, is how much their anti-hygienic surroundings had to do with the production of the disease. They lived in a grave yard on the back of a long rolling ridge that is well drained, not far away is an abrupt ravine through which was a small stream which rises outside of the cemetery, and runs through it. The wells of this family and of another near by, also in the cemetery, are thirty or forty feet deep, about the level of the creek bed. The

water of both is bad and that of the latter smells strongly of sulphuretted hydrogen, which has however, established its reputation as possessing medicinal properties, and visitors to the cemetery frequently carry it away. Dr. Willis G. Tucker had the kindness to examine for us, specimens from these wells and found them unfit for use, the one used by the family spoken of being especially bad water, having an offensive odor and containing a large quantity of decomposable organic matter, ammoniacal salts, nitrites and chlorides, being also very hard and holding carbonate and sulphate of lime and magnesia. The nearest graves were 25 feet away, the remains having lain there two years and upwards. Large quantities of petrefactions have been found in old graves when dug open.

The creek water was not pure, but was better. This family has used their well water for years and have been uniformly healthy, no zymotic disease affecting them. The only difference in circumstances is that the water is unusually low in the wells. Throughout the cemetery grounds there are numerous springs and streamlets all flowing off freely, as they have a rapid fall. The water from them is used freely and constantly by the laborers. Diphtheria has not existed to my knowledge on the rising ground back of the cemetery, excepting in the family spoken of, but at the lower front of the cemetery,and alongthe Troy road a good many cases have been occurring. No conditions favoring its development are to be found there, other than those mentioned, except that the ground is low and flat towards the river. Individual efforts to study up the etiology of disease as well as the prevention of endemics and epidemics cannot avail a great deal. It is most earnestly to be hoped that the time is not far distant when we shall have a state Board of Health and efficient local Boards, to whom, among other things, it shall be required that every case of zymotic disease must be reported. This combination of effort will then render efficient the work of individuals, and by means of it causes for endemics may be discovered and removed. This prevention is earnestly to be desired at least in connection with so virulent a disease as the one I have been considering.

ART. II.—*Clinical Lecture on Angular Curvature; Its Pathology and Treatment.* By Prof. J. F. MINER, M. D. Reported by CHAS. A. WALL, B. S.

GENTLEMEN:—At the close of our last clinical lecture, and in connection with the *post-mortem* examination of a patient whose death was due to Pott's disease, we were about to consider the anatomical changes which occur in angular curvature, with a view to answering the question, whether they are such as admit of partial, or total restoration to the natural form. In inflammation of the cancellated structure of bone, we notice fullness of the vessels, and general infiltration of plastic material. The connective tissue swells and becomes filled with a gelatinous or fatty substance and in the same ratio the bony structure becomes rarefied by either change or absorption. This change has received by Rokistanskey the name of osteo-porosis. If the inflammation progresses farther, the cellular bodies are converted into parental pus cells, which burst and diffuse the embryonal pus cells through the entire structure. If diffused, this constitutes what is called *purulent infiltration;* if the inflammation is acute and circumscribed, it gives rise to an abscess. In general inflammation of bone (*endostitis*) the bone becomes soft and pliable as in rachitis, and even more so. This condition of bone must be constantly remembered in estimating the restoration we may obtain in deformity. The recovery of the cancellated structure of bone from inflammation or suppuration is accompanied by the formation of denser osseous material. Now, it is evident that the softened vertebral bodies, cannot sustain, and do not sustain the superincumbent weight without being altered in shape. When the disease is established the bones are altered in shape and the projection observed in the spine shows this sufficiently well. We can remove the weight by placing the patient in recumbent position, but does this exercise any force towards restoring the soft and ulcerated bones to natural form. By this means we may arrest the farther progress of the disease, but it is not very obvious that we produce any influence capable of restoring the natural form of the bones; all we can possibly accomplish is the arrest of the deformity; we cannot change the form of the vertebral bodies. If it is impossible to change or restore these bones

while soft and pliable, what must be expected when they become consolidated and encrusted by new bony deposits. It seems to me then, that in posterior curvature of the spine, which originates in inflammation of the vertebral bodies, there can be but one opinion:—it is impossible to restore to the natural form: to attempt it, is often to induce incurable disease. Certainly we are unable to correct a deformity that has been caused by so material anatomical changes, and has been rendered permanent by osteophytic bands passing from one part of the spine to another, fixing it in a new, but unalterable position. As to softening of the intervertebral fibro-cartilages, the facts are not so well determined. It seems probable that this structure may become the seat of inflammatory softening, and clinical cases are not wanting which appear to be of this nature. The local symptoms were not severe, suppuration never occuring, and recovery though slow yet nearly perfect. Dr. Beauer says that such were the cases in which he succeeded in slightly reducing the posterior curvatures, but was never successful in completely restoring one single case. Considering that the flexibility of the spine chiefly rests *with* the intervertebral cartilages, and that the inflammatory process renders their structure still more soft and yielding, it would seem that this was the only form of posterior curvature which can at all be regarded as capable of positive cure. Possibly such disease has simulated so closely the true change in the bone and having recovered or partially recovered, has misled as to curability of posterior curvature.

Dr. Markoe of N.Y., says, "that true tubercle may exist in bone, I believe is denied by few pathologists, that it is a common affection is denied by many." I have wearied you thus long, upon the questions of curability, but it is well to know the extent of our usefulness, when if we go much farther, we soon enter the wide domain of pretension.

We come now to consider a moment the *causes* of this disease. It has been said that surgeons almost without exception have looked upon Pott's disease as caries of the spinal bones, arising from constitutional causes—from consumption or syphilis, and have overlooked the influence which traumatic injuries would be likely to exert, such as falls, twists, concussions, &c., &c. admitting the

constitutional causes with remarkable readiness, and underrating the effects of injuries. The general belief prevails, that posterior curvature is the attendant of poverty, neglect and diseased deteriorated constitutions. It is of the utmost importance that this question of cause, be settled in accordance with the exact truth, for upon it we base our expectation and direct our means of cure. If we accept the long cherished view, that it arises in scrofulous and diseased children from constitutional causes we at once commence our Cod Liver Oil, Iod. of Potass, Bark and Iron plan of medication and allow the spinal deviation to take care of itself. If we adopt the idea that it more often arises from traumatic causes we apply local remedies, and entertain expectation of greater or less relief. The more fully we can adopt this belief the more useful we shall become to our patients, preventing difficulties which, once established cannot be cured.

At the present time, the best informed surgeons are ready to admit the effects of local injuries, generally deny the assumption of posterior curve occurring in the poorly fed and poorly cared for diseased children of low life—find it more often in the higher classes, and where there can be no trace of constitutional disease acting as a cause—when indeed we have so healthy and vigorous constitution that nature overcomes and restores from a condition of most extensive disease. It is almost absurd to suppose that recovery could be obtained from the natural efforts of a system so diseased as to develop the malady it is at the same time able to cure. When we remember the effects of trifling injuries to the spine, the anatomical condition in early life, so unlike that of adults, and the various strains, concussions and other injuries so liable in the ramblings of children, we *cannot* exclude these, but must regard them as most operative and important in the production of inflammation, softening and ulceration of the vertebral bones, which is the cause of spinal posterior curve. That other causes are liable to lead to similar results cannot be denied. Sudden checking of profuse perspiration is as apt to give rise to periostitis of the vertebral as to other bones of the system. Hooping cough is said to be the cause of the disease, and if so, probably acts more as strain or injury than in any other manner. Syphilis also, no doubt, in

rare instances, attacks the vertebræ and the intervertebral cartilages, but beyond all comparison the most frequent cause of posterior curve will be found in traumatic injuries,—injuries which are slight and at the time attract little attention. The time and nature of the injury may not be known; generally the disease appears to spring up spontaneously and makes considerable progress before it attracts any attention.

It may be well before closing our remarks upon the causation of posterior deformity, to acknowledge constitutional causes as adequate to the production of the disease. Bad hygiene and deranged and imperfect nutrition, scrofulous diathesis and all other conditions of debility, are predisposing causes, at least, and are adequate in extreme cases, alone to cause it.

Symptoms. This disease is of slow growth, a period of weeks or months may intervene between the cause and the final appearance of curve; the symptoms attending this period are obscure and of a general nature, the disease may exist for some time without being noticed, so little inconvenience is occasioned by it. There is generally inactivity, debility, anæmia, loss of appetite, turbid urine, &c., &c. These little patients neglect the sports of their play-fellows, seek for retirement, and lay down assigning shortness of breath, palpitation or pain in the bowels, perhaps, as the cause. These preliminary symptoms are present for an indefinite period sometimes but a few days at others for several weeks or months.

The severe cases sooner manifest the positive signs, *pain, stiffness of the spine,* and the *protrusion of one or more spinous processes.* Other and more serious signs, or rather effects of this disease supervene, such as great emaciation, paralysis or contraction of the muscles of the thigh, abscess, malformation of the chest, &c., &c. The cause of the emaciation is not well known, and in some instances is not present. The paralysis of the lower extremities has been erroneously ascribed to mechanical compression of the spinal cord. Clinical observation and post-mortem examinations have not justified this view, but have disclosed the real cause. The spinal cord is suspended in such manner within the spinal canal as to be uninjured by the numerous changes and postures of the body. The foramina for the transmission of the spinal nerves are much

larger than required so that pressure is not likely to be produced. Rare cases only have been found where effusion or forming of abscess within the spinal canal gave rise to pressure, rarer still where sequestrum had formed and become detached so as to press upon the spinal cord. The *true cause* consists in hyperæmia, irritation or inflammation of the membranes or of the cord itself.

This is supported by negative and positive clinical facts. Paralysis seems entirely independent of the degree of deformity, makes its appearance in the earlier and more acute stage and often passes off at a time of the greatest deformity. Rest in recumbent position, and cold applications to the spine seems to relieve it, at any rate it disappears while the causes of pressure are unrelieved. Again the paralysis is generally limited to the motor fibers alone. This is explained by these being in the anterior part of the spinal cord, and nearer to the seat of the disease more exposed to inflammation or irritation. Paralysis is rarely, if ever, present when the active symptoms of the disease have entirely disappeared. We have recently dismissed a case from the Hospital, now *well*, and active as a Grocer's Clerk, which for a year after admission was almost perfectly paralyized in the lower extremities.

The contraction of the muscles of the thigh is sometimes mistaken for hip-joint disease and treated accordingly. It is caused by irritation of the spinal cord and from the same pathological conditions as the paralysis.

Abscess. If the disease of the vertebral or the adjacent tissues advances to ulceration, the formation of consecutive abscess is the result. These make their appearance remote from the seat of the disease, and since unattended by pain or discoloration of integument are sometimes called cold abscess. They also receive other names from the regions in which they appear. *Psoas* abscess is when the pus passes over the psoas muscles and points in the thigh below pouparts ligament. Similar abscesses are observed in various other regions as the neck, axilla, chest; (rarely) sometimes in the pelvis, and discharge through the rectum. These regions are determined mainly by the part of the spine affected with caries, though the windings of pus in its escape is often quite remarkable.

Treatment. All the fluctuations which have taken place as to causes of scrofulosis have influenced the treatment of posterior curvature. When the blood was regarded as contaminated by a peculiar dyscrasic agent, its illimination through the secretory and excretory organs, was laid down as the indication for cure, this was the *humoral* pathology; the *solidarists* contended that if the nutritive fluid of the body was thus contaminated, the morbid principle would certainly be incorporated in the solid structures. Other schools adopted other theories and pursued other plans of treatment shifting from one absurdity to another, vainly seeking for relief in means which were rarely useful often barbarous and prejudicial. Unfortunately the barbarism of former periods is still continued in the local treatment, and moxa, issue and the like derivatory remedies are often, perhaps most generally resorted to. As this is done by regular and educated physicians, it is well to consider a plan of treatment which is either rational or irrational and must stand upon its own merits. If it was only advised by quacks and imposters no mention need be made of it. This treatment has grown out of wrong views in pathology but in no way commends itself even admitting the tubercular or dyscrasic condition of the system to be the cause, for it must now be obvious to the crudest observer that issues, setons, moxa and the hot iron are absurd, cruel and injurious appliances for the removal of tubercular matter. The advocates of this local treatment seem to repose but little confidence in these appliances generally in tuberculosis, not having attempted to put them in requisition when the lungs or other organs are invaded; this inconsistency is the strongest condemnation of the plan. And if clinical fact were obtained to prove their efficacy they would tend to disprove, rather than substantiate the theory. Such facts do not exist except in imagination.

We are told that local derivation is less designed against tubercular deposits themselves, than against the process that initiates them. The idea is that some sort of inflammation precedes or initiates tubercular deposits which might be mitigated and the deposits prevented by early establishing a more intense inflammation in contiguous but less important structures. Superficial reasoning

like this may seem plausible at first, but a little more reflection discloses the fallacy. We cannot detect the first appearances of this disease; it is rarely if ever presented for treatment until the so-called tubercular deposit has taken place and produced its characteristic degeneration. Again it is against all physiological law to drive disease from one structure to another by the same nerves and vessels; it would seem that the disease would be thus directly stimulated. Besides all physiological objections to derivation, they are so severe as seriously to affect the constitution, creating irritative fever, disturbing rest and appetite, and producing drain upon the system already taxed and enfeebled beyond endurance. Again such local appliances interfere with the supine posture, so indispensable in incipient cases of posterior curve. As we deny the tubercular origin of this disease, the question remains whether derivation can possibly benefit the existing morbid condition, of which posterior curvature is but a symptom. Is there any rational theory to sustain belief in such curative measures? will softened ulcerated bone recover the sooner for any drain which may still further reduce the system? Does it appear to any physician that fractured or otherwise diseased bone recovers sooner or is more perfectly restored by application of blisters and setons in the near vicinity? has not counter-irritation been tried shamefully long for the cure of tubercular disease of the lungs and is it not now abandoned by all well balanced thinking physicians? What counter-irritation or derivation can have to do with restoring the normal anatomical conditions cannot be conceived; the grossest ignorance in pathology alone, can tolerate such absurdity. The practice of counter-irritation has given no satisfaction to either surgeon or patient and should be abandoned so far as joint, bone and spine are concerned, and I need not withhold my opinion that the same is true of every other disease for which it has been, and still is so frequently adopted. I have dwelt upon this point, for I desire to impress you if possible with the conviction that this barbarous unscientific distressing and injurious system of treatment will never yield you any results but disappointment, chagrin and failure and generally subject you to the disgust and contempt of the little sufferers who would otherwise regard your coming with joy.

REST is the great therapeutic agent in this disease; *rest* and relief of pressure. Since the horizontal position is by far the most effective in relieving pressure and insuring *rest* it must be considered first in its importance. Rest and relief of pressure must not in all stages be obtaind by horizontal position. During the formative and acute stages horizontal position will answer our indications better than anything else, if you are fortunate enough to find cases while the disease is recent, attended with heat, pain, restlessness and general fever. The horizontal position constantly maintained will afford you more relief than any splint however ingeniously it is made and applied. To this in some cases extension may be added, thus more completely relieving the pressure by overcoming muscular contraction and in some degree preventing deformity. This plan is to be continued through the acute stage, indeed through all stages modified by various means. But the time comes, when you must not confine your patient, but give air and exercise, and this brings us to a consideration of some of the other measures calculated to insure rest and relief of pressure. While supine posture, rest, and extension comprise the means of relief, in incipient cases of posterior curve the time comes when supine posture is no longer desirable and when we must give rest and support by mechanical means. You are well aware of the great variety of supports which have been presented to the profession for this purpose, all posessing more or less merit. I am able to show some of them and point out the deficiencies and advantages which they possess. The great majority of cases require some of these appliances when they are presented to you, and have passed that acute stage when recumbent posture and complete rest is desirable. In *Consecutive Abscess*, (dorsal, lumbar, psoas and illiac), we advise puncture, and in diffuse abscess, or when the purulent deposit has not become circumscribed we would make free incisions through the fascia and other parts which confine it. Some authors however do not advise opening these abscesses as long as it can be avoided.

In this brief and hasty account of posterior curvature of the spine I have only attempted to outline the disease, guard you against prevalent errors in regard to it and mention some of the more plain and obvious indications for its management and cure.

If I have *succeeded* to impress you with its true character in sufficient degree to prevent your adopting for relief measures both painful and injurious, and have in any good degree drawn your attention to the sensible and safe methods recommended, I have done you some favor, and your patients an inestimable benefit.

———:o:———

ART. III.—*Medico-Legal Facts and Testimony in the Trial of Henry C. Hendryx for the murder of his wife.* By J. C. YOUNG, M. D., of Cuba, Allegany Co.

In placing before the readers of the BUFFALO MEDICAL AND SURGICAL JOURNAL, the medico-legal testimony before the coroner's jury, and subsequently on the trial of Henry C. Hendryx for the murder of his wife, it may be of some interest and guide to the medical profession to learn a brief history of the surrounding circumstances of the case, although with the motive that a person may have for committing crime, the medical profession as such are not concerned. Mr. Hendryx was a farmer living in the town of Cuba, Allegany Co., N. Y. Had been a soldier, and like all soldiers was accustomed to the use of fire arms. He owned a revolver, and the ball found in the abdomen of Mrs. Hendryx after death, was fired from a weapon that would carry a ball the size of the one owned by him. He had been married about eleven years, their family consisted of an only child, a boy nine years of age. About two o'clock A. M., the morning of July 7th, 1876, Mrs. Hendryx was shot in her bed when asleep, and died from the effects of said injury, July 13th, 1876. Mr. Hendryx was wounded in the left thigh, and thumb and fore finger of the left hand. The previous character of Mr. Hendryx had always been above reproach, and his explanation of the affair, received all the credit that any explanation could, as far as it was consistent with the absolute facts in the case. It was substantially as follows: He was awakened in the night by a noise in his bedroom, or near there, and as he awoke he thought he saw some one near the bed, and as he went to get up a shot was fired that proved to be the fatal shot to his wife. He went immediately out into the front room to the door which was

closed, but unlocked by the burglars, opened it, and another shot was fired which wounded him, and the burglars made their escape. Said he could not remember that more than two shots were fired, although there might have been the third one. When day-light came he found his pocket-book in the front yard, and the money, from eight to ten dollars gone. Himself and wife had always lived happily together, and it seemed impossible for him to do such a deed and suspicion fastened on him only, when it seemed impossible for the work to have been done as it was by burglars.

1st. His stories were very conflicting, although it must not be expected that any one, under the circumstances in which Mr. Hendryx was placed could tell it very many times every day, and always get it just alike, or that so many different individuals would understand it alike.

2d. He had solicited and obtained an insurance on the life of his wife some four weeks previous for $2000, the same on himself against accidents. His interest in the insurance lay in the death of his wife to obtain that and his own to receive an injury and compensation fee for loss of time. But this of itself would have excited no suspicion, as his wife had no hesitancy in his procuring an insurance on his life.

3d. About the first of June, 1876, a cousin of Mr. Hendryx came to make it her home at his house, and as she had lived near them for a few months previous, had been quite intimate with both Mr. and Mrs. Hendryx. After she made it her home there Mr. Hendryx and cousin were quite frequently seen riding together, and unacompanied by Mrs. Hendryx, but previous to the tragedy their familiarity excited no remarks from the public in general.

4th. They were in each others society during the brief illness of Mrs. Hendryx, enough so that suspicion was arroused by the attendants of Mrs. Hendryx. But this did not prove that some one else other than the husband could not be the perpetrator of this crime, for he was with his wife considerable during her illness, and at times manifested grief.

5th. He fired all the shots out of his revolver in the morning before any one arrived at the house. Said to have done so to alarm the neighbors. Also stated that previous to the arrival of any one,

his wife requested him to marry his cousin, as she would make a good mother to the little boy. It should be remembered that no one was staying at the house that night, only the family, and the testimony of the little boy was not brought out on the trial, and before the coroner's jury nothing of importance was elicited that would throw any light upon the tragedy.

The most positive evidence in the case pointing to Mr. Hendryx as the quilty man was the wounds on himself and a hole in his shirt; also the position that the assailent must have been in to have shot Mrs. Hendryx as she was shot. The medical testimony was by far the most *convicting*, and also the most conflicting in character.*

———:o:———

Correspondence.

UPTONVILLE, Aug. 16, 1877.

EDITORS MEDICAL JOURNAL: Five years ago I received, at the hands of the President of one of the most honored Medical Schools in America, a diploma conferring upon me the degree of M. D., with all the rights and privileges thereunto pertaining.

Four years of pupilage, after a careful preparatory course of classical and scientific study, were passed under the direction of one of the most eminent physicians in New York State. Under his care and subsequently as hospital interne, I derived as complete practical and theoretical knowledge of medicine and surgery as diligent study and close observation could give me, and without being inclined to be at all egotistical, but simply for the purpose of illustrating what I have to say, I graduated with better preparation for the practice of medicine than do four-fifths of the

* The detail of medical evidence is too long for publication. The question of entrance and exit of ball, together with possible deflection was the subject of a vast amount of widely differing medical testimony all going to show how doctors are liable to disagree. The jury however, agree that the husband was guilty of murder in the second degree, and prisoner was sent to Auburn for life. The verdict was an absolute absurdity. The prisoner was either innocent, or guilty of premeditated, wilful, atrocious murder. There could have been no "second degree" in the case. Conflicting medical testimony, and absurd and wholly irrational verdict is a fair and condensed description of the case, which is too extensive for our pages.

yearly created doctors turned out by our numerous medical schools.

Spending but a short time in recreation, I soon settled upon the town of Uptonville as the seat of my future labors in behalf of suffering humanity. As Uptonville is a fictitious name, I will briefly describe the place, not sufficiently, however, to enable any of your readers to recognize the locality. Situated at the junction of three large railway lines, it derives considerable importance from being a railway centre. The chief revenue of the inhabitants is, however, derived from its manufacturing interests, there being several large iron and hardware manufactories situated here, beside other and smaller factories. The population five years ago was something less than one hundred thousand; now it has considerably exceeded that number. The people are refined and intelligent, they maintain excellent schools and seminaries, take considerable interest in the arts and sciences, and in short are all that could be expected of the inhabitants of a place which has not yet marked four score upon its calender.

Renting and fitting up an office, in what I was informed was an excellent location. I placed my neat sign at the door and waited for business. My first calls were from the members of the medical profession residing in my near vicinity. Some kindly encouraged me, and others, doubtless, intending to be equally kind, spoke dolefully of the obstacles in the path of the young practitioner, and with, no doubt, perfectly disinterested (?) motives, told me that of all places, Uptonville was the worst to locate in. I was importuned to join various medical societies, and soon discovered that they were severally, with one or two exceptions, "run" by various factions. Selecting those which seemed most free from cliquism, I entered heartily into the objects of the associations, of which I became a member. My first quarter's rent came due in a very short time, and I found that of the fifty dollars then due, only fifteen had been realized from my practice. The location in which I had established myself was such that I could not depend upon the wealthier classes for practice. My income must be derived from what is termed the middle class, but I soon learned that there were many others equally

anxious for the practice upon which I was to depend for my daily bread. The druggists at the corner above, upon my advent into their neighborhood had kindly called upon me, had held out the most flattering encouragement, kindly presented me with sample bottles of the most tempting elixers, pills and powders, and upon taking leave had expressed a desire to send me some prescription blanks, with the hope, that, as theirs was the only store in the vicinity, I would favor them with a share of my patronage. In due time the blanks came; they were printed in the usual form, and were quite convenient. Shortly after my interview with the representative of Messrs. Mortar & Pestle an incident occurred which showed how little they were inclined to reciprocate by giving me, or any other doctor in their vicinity a share of their patronage.

A lady called at my office, wishing me to prescribe for her little daughter who had, she thought a mild attack of intermittent fever. I declined to prescribe unless I could see the patient, and the mother left, saying she might perhaps bring her to my office the next day. A day or two subsequently the mother informed me, on meeting on the street, that she had called at the drug store on the corner, and that one of the proprietors had given her some "billious" pills, which would, he thought, be just what her daughter needed. I replied that as the druggist could diagnose and prescribe without seeing the patient, he had better put out a sign as Clairvoyant Physician. Surely "fools rush in where (doctors) fear to tread." I soon found that it was the invariable practice of nearly all druggists in Uptonville to prescribe for all the ills that flesh is heir to, arriving at a diagnosis with a facility that would put to shame the slow and antiquated methods of the most skilled hospital Physician.

When I inquired why people should have much faith in the skill of the druggist as a prescriber, I found thas there were two reasons:—first, it was cheaper to simply pay the druggist for the medicine than to pay the doctor for his advice and the druggist for compounding his prescription ; second, the people had come to learn that the druggist knew what this or that doctor prescribed, and that he would give them Dr. A's iron mixture, Dr. B's nervous sedative, Dr. D's gargle, Dr. D's anti-acid mixture, and so on

to the end of the list, without putting them to the trouble of calling upon their physician. Of course the question never for a moment arose, whether Dr. A, B, C, or D would prescribe just these remedies in this case, but that made no difference, as long as the druggist got his pay.

While making these investigations and some others, my second quarter passed, and while I am trying to make out how I can pay fifty dollars rent, to say nothing of board and other *incidental* expenses out of eighty dollars charged on my books and twenty in cash, collected, I will leave your readers to digest what I have already revealed, waiting until my next to detail my experience in the care of the pauper population who always flock to a "young doctor."

Yours,

NIL DESPERANDUM.

———:o:———

MISCELLANEOUS.

Cost of Maintenance of the Insane.

H. B. WILBUR, M. D.

In thirteen lunatic hospitals, containing some 2,000 pay-cases of the well-to-do classes, the average weekly cost was $7.42 (reduced to U. S. currency). These institutions correspond with a class of asylums in the United States like Bloomingdale, the Retreat at Hartford, Conn., the McLean Asylum at Charlestown, S. C.

Some of them have large endowments, as in the case of Bethlem Hospital, in which case more or less of the patients are supported gratuitously.

In the English county asylums which, in their mode of support and in their general scope, correspond with our State asylums, the average weekly cost of maintenance, including clothing, is less than three dollars; in similar asylums in Scotland and Ireland considerably less.

In comparing the cost of maintenance in the British institutions, with those of the same grade in the United States, several facts are to be borne in mind.

The salaries of officers are about the same in either case. The

wages of attendants and servants are nearly seventy per cent. higher in the United States than in England. The staple articles of provisions cost much less in America. Looking at the bills of British asylums, I see that beef costs 24 cents per pound, mutton 20 cents, pork 17 cents. Of course, flour and grain are higher. Fuel is about the same.

One source of expense in American asylums, is the supposed necessity for the free use of stimulants and the extra diet required. In an institution, containing 600 patients, where pains had been taken to record the number of extra meals it is stated that over 17,000 were furnished in a single year. The question of employment of the insane has some relation even to this source of expense, if we may accept the opinion of Dr. Rutherford, of the Argyll and Bute asylum.

He thus remarks: "Insanity is, essentially, a disease of diminished vitality, and, when present, the system demands a stimulus; experience proves that there is no stimulant equal to active out-door employment and abundance of fresh air. The more this system is carried out, the plainer need be the food, and the fewer the extras required to maintain the standard of health, because the patients are brought more into the condition, and demand rather the fare of ordinary persons, than of lunatics kept under the irritating and depressing influences of forced confinement.

Taking fifteen of the English and Scotch asylums whose reports are before me, the ratio of attendants to patients is one attendant to eleven patients. The policy which governs generally, in the construction of asylums and in the scale of care and maintenance, is well expressed in the following extract from the last report of Dr. Lalor, Medical Superintendent of the Richmond County Lunatic Asylum, Dublin:

"As a large sanitary question, the best mode of providing for the insane *in thir own interest*, can, in my mind, receive a satisfactory practical solution only by dealing with it frym the point of view, of obtaining the best average result on the whole, all things being fairly considered. From this point of view, the advocacy of any expensive system for the care of the insane is, I think, not judicious. For the present, at least, the desires of the most humane philanthropic and benevolent, as regards insane, are most likely to be realized by some system which would bring all the insane of the empire under enlightened and kindly supervision, on some system capable of realization at a moderate cost. Much has been done in latter years in the three portions of the empire, in the way of providing increased asylum accommodation, and if the character of that accommodation has not been all that the advocates for individual treatment and for the highest order of internal comfort would desire; yet it should not be fogotten, that a greater number of persons have gained the advantage of a great improvement in their condition than could or would have been the case by more

expensive arrangements, which, at the best, would have given higher results only to a smaller number of cases."

The proportion of insane in county poor-houses is somewhat less in Great Britain than in the United States. If the great preponderance of pauperism in the former country were taken into account, it might be said the proportion of the insane in county poor-houses is very much less.

Take, for example, Scotland, which, in point of population, is not unlike the State of New York, leaving out the cities of New York and Brooklyn. The percentage of insane in parochial asylums and in the lunatic wards of poor-houses in Scotland is 15 per cent. In the State of New York, 20 per cent.

In a late census of Scotland it is stated that very nearly one-third of the population live in houses of one room; much more than two-thirds live in houses of one or two rooms, while 82 per cent live in houses of three rooms and under.

These facts have been cited as, in some degree, a measure of the inability of the people of Scotland to naintain insane relatives in asylums, and will serve to show their great inferiority, in that respect, to the general population of the United States. Nevertheless, it should be borne in mind that of the number of insane to be found in Scotch peor-houses and parochial asylums, very few are of a character to require positive medical or other treament. Such cases are almost all cared for in some form of asylum specially designed for them and under competent medical supervision. And the reason why the civil authorities are enabled to make this general and adequate provision for the care of the insane at the public expense, may be gathered from the paragraph above quoted from the report of Dr. Lalor.

The provision made to meet their wants is so judiciously planned, and so economically administered, that the burden it involves is not too heavy for the shoulders of the tax payers. Palaces are not provided for a favored few of the indigent and pauper insane, and a large remainder consigned to neglect and suffering in inadequate quarters, but a comprehensive and well-adjusted system of relief is extended to all. The term palaces may, perhaps, be thought an extravagant one to apply to such institutions, till the facts are examined. But a three-storied structure, that is a quarter of a mile long and with a Mansard roof, certainly has a palatial appearance. Then look at the cost of some of these asylums. Two insane hospitals in Massachusetts are now in course of construction, the cost of which, as estimated by the Massachusetts Board of State Charities, is at the rate of $2.500 or $3,000 for each patient. One lately completed near Baltimore is on the same scale of expenditure.

* * * * * * * *

The State of New York has now partially completed three large palaces for the insane that are a discredit to the social economy of any people. When completed they will have cost according to the

estimates of governors and State comptrollers, about five millions of dollars, or at the rate of about $4,000 a patient, The plan of the Poughkeepsie asylum was conceived at Utica. It has been carried out thus far, by one of Dr. Gray's assistants. The asylum at Middletown was built to rival the other two. While the last one, now going up at Buffalo was exclusively planned by Dr. Gray, who has also been one of its building commissioners, from the outset. It was estimated to cost $800,000, to accommodate 500 patients. The city of Buffalo gave the land and brought the water supply to its very doors. Up to this time, the State has already appropriated $970,000, and the Commissioners in their last report ask for $200,000 more to render half the structure available. That this will not suffice is seen in the fact that in a proposed expenditure of $225,000 only $301 are allowed for contingencies. And if it should, what has this building committee to show for this vast outlay of public money? A lofty and pretentious center building and two wings, built of stone. These furnish quite palatial quarters for the officers and a third of the patients. The remainder will be housed in remoter wings of brick. Had the entire building been of the same material it would have been as well and at a great saving of cost. As it is, it is a mongrel structure with a long front, neither one thing nor another—an architectural abortion. The pretentiousness of a part, by contrast, degrades the appearance of the remainder. The walls are needlessly thick, preventing that insensible ventilation that is now recognized as an important mode of air-supply and at the same time giving a prison-like aspect to the patient's surroundings. The ceilings are so high as to render the proportions of the single rooms quite absurd and their ventilation difficult. This also involves stairways so high and intricate, that it will be no easy matter to get the patients out for labor or exercise in the open air. There are single dormitories for nearly all the patients, much increasing the cost; when a large percentage of them should be provided for in associated dormitories, as British experience fully shows. The workshops are utterly inadequate for the employment of the patients.

Five thousand dollars are to be expended for tram-ways to carry food to the several wards, and $18,000 for iron window-guards, when all the new Scotch insane asylums are absolutely without any provision for such a purpose. In fact, the whole establishment is so costly, so pretentious and at the same time so ill-adapted to the purpose for which it was designed, namely, the care and custody of the average insane, three-fourths of whom are to be indigent or pauper cases, that it will doubtless be known to the alienists of the next generation, as "Gray's folly."

All this extravagance, when it is known that the best modern asylums in England cost less than $1,000 a patient; and, as a rule, this includes land and furniture, no small items; while the difference in cost of labor and materials is now less than thirty per cent.

* * * * * * * *

To my inquiries of one or more of these commissioners of the present cost of asylums for the insane, they gave as a maximum £150 per patient, including land and furniture. This, reduced to American currency, would be about $850 for each patient.

The Surrey County Asylum at Brookwood, known all over England as a model asylum, has just erected a new building for 300 patients that meets the entire approval of the commissioners. It is complete in itself, with kitchen and laundry, and all other domestic offices. After spending some hours in inspecting it, I could see no way in which it could be improved. This building, properly equipped and furnished, was completed at a cost of less than $750 per patient.

* * * * * * * *

In New Jersey, a new asylum to accommodate 800 or 900 patients is nearly completed at an estimated cost of $3,000,000; or more than $3,000 a patient. The per capita cost in this last case would have been still more, had it not have been for an afterthought, that led to fitting up the attic story as wards for patients. Which after-thought, it may be mentioned in passing, involves the necessity of a tiresome journey up and down four flights of stairs at every time the patients in these upper wards take exercise in the open air.

Let it be remembered, in this connection, that the large majority of the patients, who are to occupy these buildings, are, physically, ailing rather than sick; that infection is not to be guarded against as in an ordinary hospital; that they need only proper custodial accommodations, which means a little more provision in the way of cubic space, heating and ventilating apparatus and special appliances, than is necessary for the health of the non-insane, and that their surroundings should not be too much at variance with those to which they have been accustomed.

It is not intimated in any quarter that the lage cost of any of the asylums, that have been referred to, is the result of any dishonest misappropriation of funds supplied for their erection, but a want of judgment in the plans adopted, local pride, professional ambition and facility of securing State appropriations will explain it all.

Extravagant outlay in constuction too often involves a corresponding increase in the current expenses of the establishment.

At the three State Lunatic Hospitals of New York, now containing 911 patients, the average weekly cost of maintenance is more than six dollars.

If such weekly cost were reduced to four dollars—and the weekly cost of maintenance at the three Massachusetts institutions of a similar grade is less than four dollars; and, at the Willard Asylum for Chronic Insane, in this State, but a little more than three dollars—450 more insane persons could receive adequate care and treatment without additional expense to the tax payer.

Had we a Board of Lunacy, as in England, would not the public

mind be awakened to this fact? And would not the effort be made to reduce the scale of expenditure in our hospitals to that of corresponding institutions in other States?—*H. B. Wilbur, M. D., in his Report on the Management of the Insane in Great Britain.*

———:o:———

The Germ Theory Controversy.

In our last we gave a *resume* of Professor Tyndall's experiments and his lecture on the subject at the Royal Institution. Dr. Charlton Bastian has since addressed a letter to one of the daily papers, in which he questions the soundness of Tyndall's reasoning in his latest experiments on germs.

"In January of the present year," writes Dr. Bastain, "and now again in June, we are told by Professor Tyndall, that the conclusions drawn from his former experiments were hasty and erroneous. We are assured:—1. That guarded infusions, previously boiled, even for several hours, will frequently become corrupt and putrid. 2. That the germs of ferment organisms, instead of being uniformly killed by five minutes' boiling, will often resist the destructive process for several hours. But not at all discomfited, Professor Tyndall still bids his audience believe that there is not 'a shadow of evidence in favour of spontaneous generation.'

"I would in the first place point out," says Dr. Bastain, "that the great divergence as to fact between Professor Tyndall and other investigators, to which I was permitted to call the attention of your readers in January, 1876, now no longer exists. He is at one with us as to the frequent fertility of boiled infusions, so that the only question between us, at present, is one of interpretation. This, as I freely admitted, is a subject for discussion, on which there is room for some difference of opinion. I am far from wishing to parapharse Professor Tyndall's expression and say there is not a shadow of evidence in favour of the germ theory, though I do strongly believe that it never can be supported on such partial evidence and arguments as those to which Professor Tyndall has had recourse.

"There are two important questions of fact amid many others, underlying the attempt now being made by Professor Tyndall to reconcile his earlier with his later experiments. They are these: —1. Have Bacteria and their germs or not a power of resisting prolonged dessication? 2. At what precise temperature are Bacteria and their germs killed when immersed in fluids? Professor Tyndall has never made known any decisive evidence bearing upon either of these questions. The former has, however, been made the subject of investigation by Professor Burdon Sanderson, and the latter by myself. Neither of us committed the grave error of 'confounding the germ with the offspring.' Any of your readers

may see in the 'Thirteenth Report of the Medical Officer of the Privy Council,' p. 61, that Professor Sanderson saw reason for concluding that both Bacteria and Bacteria germs were unable to resist the dessicating influence even of a temperature so low as 104 deg. Fahrenheit for two or three days; while the evidence which I adduced in 1874, to show that Bacteria were killed at about the temperature of 140 deg. Fahrenhhit showed, as I then pointed out, just as conclusively that this temperature was destructive to Bacteria germs—that is, to all the reproductive particles, whether visable or invisable, by which these organisms multiply in suitable fluids.

"Much of the evidence by which Professor Tyndall seeks to support his present position, has no real cogency, because, while following, as he says, 'the plain indications of the germ theory,' he is, unfortunately, oblivious of the equally plain indications of the opposite theory. Results which can be equally well explained in accordance with two conflicting views, can never have any decisive value in establishing one of them.—*London Medical Press.*

———:o:———

Recent Progress in Obstetrics and Gynæcology.

By S. Howe, M. D.

Obstetrics.—*Is the Fœtus in Utero affected by Medicine which is given the Mother?* *—In the New York Obstetrical Society Dr. Mattison reported a case of puerperal convulsions. The patient was treated with morphia, and was under its influence for about two hours; the morphia was given subcutaneously; the amount was about one and a half grains. The child was born asphyxiated, and shortly after had some convulsions, but finally recovered. An interesting discussion followed the report of the case, the opinions of Zweigel and Fehling being quoted. (Zweigel had found chloroform, after it had been given for some hours to the mother, in the urine of a new-born child. Dr. Fehling's experiment was as follows: A guinea-pig which was about to bear young had injected into its external jugular vein of the left side a large amount of curare; it was kept alive for some hours by artificial respiration. The abdomen was then opened, and the young guinea-pigs were found in a lively condition, unaffected by the drug.)

Dr. Barker opened the discussion by saying that he did not agree with Dr. Mattison, but thought that convulsions in a fœtus might take place due to opium poisoning. He cited cases in animals where opium poisoning was followed by convulsions, and said that

* American Journal of Obstetrics, March.

in those savage races in which the brain is less developed than in the rest of mankind convulsions do occur after toxic doses of opium. The possibility of a poison passing from the blood of the mother to that of the fœtus is shown in cases of scarlatina, variola, and syphilis. That medicine does not pass from mother to fœtus the frequent unsuccessful or negative results of antisyphlitic treatment spoke very strongly. He mentioned a case of a syphilitic child born from a mother free from the disease, which had been latent in the father for a long time. At the next pregnancy he had the woman for six months under the mercurial cure, and, nevertheless, five days after the birth the child began to develop well-marked syphilitic symptoms. But what spoke strongest against the passage of drugs from the mother to the child was the effect of anæsthetics. Dr. Barker said that during the last twenty-five years he had administered chloroform over one thousand times and had never seen a case where the death of the child could be attributed to chloroform; that he had kept women from eight to twelve hours under the influence, and in one case had given three and a half pounds. He thought that opium acted nearly in the same way. Formerly he had been very careful in giving opium to a pregnant woman, but after his experience in the following case he had always given it without fear. The case was one of puerperal convulsions; the fœtus was thought dead, and morphia was used very freely. The patient was a long time under the influence of the drug, when a living child was born. In conclusion, he said that he considered that the fœtus in utero was not affected by medicine, and more especially narcotics, when administered to the mother.

After this, several other physicians concurred in the same opinion. Dr. Gillette spoke against the views expressed by Dr. Barker and others, and was of the opinion that morphia would affect the child through the mother. He cited the case of a pregnant woman with some valvular leision of the heart, who during her labor was under the influence of morphia; when the child was born it was very much asphyxiated, and acted, Dr. Gillette said, as if it had been poisoned with opium. (Perhaps the asphyxia was due as much to the valvular lesion of the mother's heart and the imperfect oxygenation of the blood as to the morphia.) He mentioned six other cases where morphia had been given and the children at birth were all very much asphyxiated; pulse slower than normal; pupils contracted. In all these cases the labors were normal and the pains not weak. More important, however, are the two following cases which he cited: Two women during labor had one-thirtieth and one forty-eighth of a grain of sulphate of atropia. In the first case the child was born in thirty minutes after the administration of the drug, and the child was unaffected by it. In the second case the birth did not take place for three hours, and the pupils of the child were very much dilated and did not contract in a strong light.

Dr. Jacobi thought that the amount of morphia necessary to produce sleep, or relieve pain in a woman would be so diluted in the mother's blood that when it came in contact with the fœtal circulation it would be harmless.

Dr. Thomas agreed with Dr. Gillette, and thought that opium did produce a marked effect on the fœtus. In two cases he had observed that after the administration of morphia the fœtal pulse fell in one case from 141 to 119, and in the other from 133 to 118.

Dr. Lusk * has a paper on this subject. After trying morphia in labor in his own cases, and from notes of cases of a friend, Dr. Beckwith, of the Nursing and Children's Hospital, he comes to the conclusion that morphia in no way affects the child. In the same Journal Dr. Lamadrid reports a very interesting case of death of the fœtus, which he attributes to doses of morphia and chloral given two weeks before for neuralgia in a pregnant woman; that after the administration of the drug the motions of the child ceased, and when the child was born it appeared as if it had been dead two weeks.

The evidence seems on the whole to point to the opinions expressed by Drs. Barker, Lusk, and others, that under ordinary circumstances medicines given to the mother produce no effect on the fœtus, and only in rare cases can they be said to be hurtful. Of course, before the matter is settled many more careful observations are necessary.

Face Presentations.—Dr. W. Groner † recommends, in cases where the face presents, that the attempt to change this unfortunate position into the normal occipital one should be made. The change can be effected by external manipulation in most cases, and if not by external alone, by combined. The operation he calls Schantz's. He gives three cases, in two of which he was able to bring about this change by external manipulation, and in the other by the combined method, external and internal. Korman ‡ reports a case where he accomplished this by the combined method. J. R. Humphrey, M. D., reports § a case of face presentation which he succeeded in changing into the ordinary occipital one by placing the patient in the so-called knee-elbow position.

E. L. Partridge ‖ reports two cases of face presentation, in both of which he was able to bring on the desired change from the face to the ordinary occipital position by the combined method of external and internal manipulation. The operation was performed in the following manner: The os uteri nearly or wholly dilated and the membranes still intact, the patient was placed in a position which was easiest for the operator. The left hand was passed into the vagina, and two fingers pushed through the os; the membranes

* American Journal of Obstetrics, July.
† Archiv. fur Gynækologie. volume xi., part 2, page 235.
‡ Deutsche medizinische Wochenschrift, No. 5.
§ American Journal of the Medical Sciences, January, 1877.
‖ New York Medical Journal, March, 1877.

were then ruptured, but as the vagina was stopped by the hand the liquor amnii was prevented from escaping. Two fingers were hooked over the occiput, and it was dragged down into the cavity of the pelvis; the right hand was used to press on the fundus of the uterus and hold the child in the new position. The occiput was held down as long as possible, and the external pressure was kept up until the head was well engaged. The rest of the labor was normal.

Influence of Posture on Women.—J. H. Aveling, M. D.,* has written a long article on the influence of position on women in regard to menstruation, ovulation, pregnancy, labor, etc. He says that posture has a marked effect on ovulation and the anomalies of menstruation; that women who are in the habit of sitting or working in one position are more liable to hyperæmia of the ovaries; that abdominal and tubal pregnancy is sometimes due to the effects of position; and that some of the various troubles of menstruation are influenced by the position which women keep.

The ordinary position of the woman during coitus is often a cause of sterility, and with a change of posture pregnancy will sometimes occur. During pregnancy the posture of the woman may cause change in position in the os uteri and uterus itself, and that toward the end of pregnancy unfortunate position or movement may cause the labor to begin. That position has a marked influence over labor is well known, and during the child-bed sickness the position on the back, if kept constantly, will often cause trouble. He recommends, therefore, during child-bed, change from the back to the side often; that at meal time and when the child is being nursed it is advisable for the woman to sit up in bed; and to prevent the lochia from remaining in the vagina and also to aid in thoroughly emptying the bladder the woman should get on her hands and knees for a few moments.

The Passage of Salicylic Acid and Iodide of Potash from the Mother into the Liquor Amnii.—Max Ruerge† has an article on this subject of some length, and as the result of trying many experiments he comes to the conclusion that, after giving a pregnant woman salicylic acid in twenty-five grain doses from ten to fifteen days, or about half as much iodide of potash, a very slight trace of these substances can be detected in the liquor amnii; but he considers it most probable that the passage is not direct from the woman's blood to the liquor amnii, but that it first goes into the fœtus, and from the fœtus probable through the urine of the same into the liquor amnii. The amount discovered is always very slight, and it is only with the most delicate tests that it can be detected.

New Forceps.—M. Talnier‡ has invented a new pair of forceps which have a third curve. The handles are curved like a letter S:

---

* The Obstetrical Journal of Great Britain and Ireland, from January to April.
† Centralblatt for Gynaekologie, No. 5.
‡ Annales de Gynecologie, March, 1877.

the upper segment represents the blades, the lower the handles. In the lower ends of the blades traction shafts are fitted, possessing a curve corresponding to that of the handles. A cross-bar unites them at their lower ends, and is the point from which traction is made. There is a screw on the handles by which the blades are tightened over the fœtal head. Each blade is applied with its traction shaft adjusted. M. Talnier asserts that by means of these forceps the traction can be made always in the direction of the axis of the pelvis, whatever may be the position of the fœtal head. He says that it is a real instrument of traction, and not a lever like the ordinary forceps. It allows the fœtal head to follow the curve of the pelvis with freedom.

Instrumental Delivery without the Knowledge of the Patient.—Dr. James Braithwaite * describes a new forceps with which he has delivered thirty-eight times in three hundred and eighty-four labors, and thirty-seven children were born alive. Often he has been able to use them without the knowledge of the woman. The instrument is much lighter than the ordinary forceps, and has this peculiarity, that it is introduced as one blade. One of the blades fits into the other, and is held in position by a cap which passes over the ends of the handles. When the instrument is introduced the cap is removed, and the two blades are twisted into position. The blades are introduced into the hollow of the sacrum. The blades are then locked in the ordinary way and the fœtus extracted.—*Boston Med. Journal.*

———:o:———

THE PRODUCTION OF ALBUMINURIA.—In an article in the *Transactions* of the Medical Society of King's county, N. Y., Dr. W. H. Martin observes that the diseases which are now known to be attended by albuminuria are so numerous, and pathologically so distinct, that we are puzzled in the endeavor to make analogy and comparison useful in testing the causative influence of pregnancy. It is hard to believe, for instance, that the conditions under which albuminuria is produced by valvular disease of the heart on one hand, and by diptheria on the other, are identical, or even similar. That scarlatinal poison, and that pregnancy both cause albuminuria is proved; but that both cause it by originating exactly the same kind of disturbance eludes demonstration. It is rather a "begging of the question" to assert that each produce changes in the blood, and that it is useless to seek beyond these wholly indeterminable changes for a mode of causation. It is easier to suppose that each disease or group of diseases (if they can be grouped etiologically or otherwise) has a peculiar power, and exerts it in a peculiar way, than it is to suppose the existence of some one essential condition to which all equally give rise; that is, one single and immediate cause of albuminuria.—*Med. and Surg. Reporter.*

* The Obstetrical Journal of Great Britain and Ireland.

EDITORIAL.

Advertising by Physicians.

All respectable Medical Associations condemn the practice of advertising as only intended to deceive, cheat and rob the uneducated public—the poor mechanic, the hopeless consumptive, the sufferer from cancer or other incurable malady. Medical advertising is for the express purpose of deception, and of course no true, honest physician can deceive. To desire to do so makes him a knave and a quack. But there is a prevalent desire to advertise, not to misrepresent, perhaps, but to be fairly and truthfully placed before the public, to have general attention directed to real merits by a short-cut route. Patient waiting is too long a journey, and in these days of competition in business, cannot be tolerated, so that we have, in spite of the professional sentiment against it, a manifest desire to advertise It is not the straight, manly, fair, honorable advertisement of a business firm having capital and honest purpose to fulfill the bill ; it is a miserable underhanded *advertising dodge*, designed to avoid the responsibility to not assume it. It is covered by some, so-called, charitable, free to the poor, dispensary, infirmary, sanitarium or other bogus institution, with a long list of specialists squarely advertised as experts of experience in the various departments of special practice. All this advertising we most thoroughly despise. We have no hesitancy in saying that this covered, underhanded, concealed plan of procedure is more demoralizing to the profession, more injurious to good morals, good manners and good practice, than would be a complete, business-like, manly and reasonably truthful advertisement in the *usual way*.

Considering the situation we are in favor of allowing all physicians who desire, and are spoiling for want of it, to advertise in the regular way, furnish their own copy in their own words, and not any more invite newspaper reporters to be present. The humiliation of the present condition cannot be borne. We prefer advertising to it, and we would regard doctors employing the city cryer to announce their names, office location and hours, with details of remarkable cures, as more professional, honest and respectable, than this covert, unreal, dishonest and dead-head advertising. We find fault with the quacks because they advertise dishonestly, and offer superior practice, but the profession in considerable degree, carry on the same business under cover, and avoid paying the printer.

:o:

Transactions of the Alumni Association.

The Transactions of the Association of the Alumni and Officers of the Medical Department of the University of Buffalo, will be issued in a few days.

The volume will make a handsome book of about one hundred and fifty pages, printed on tinted paper, in plain type. It will contain the Addresses delivered at St. James Hall before the Association by Drs. F. H. Hamilton, Sanford Hunt and W. W. Potter; the papers read at the Alumni Meetings; the addresses of the Presidents; the poems, and a synopsis of the proceedings at the banquets. Every alumnus of the Buffalo Medical College should have a copy. The price has been fixed as follows: In paper covers, fifty cents; in boards, one dollar. Those desiring copies should remit to Dr. E. N. Brush, 65 Ellicott St., Buffalo, N. Y., who will acknowledge all receipts at once, and forward the volume as soon as issued. As the printing is in an advanced state of completion, it is expected that the work will be ready for subscribers by the first week in September.

———:o:———

The American Association for the cure of Inebriates will hold its Eighth Annual meeting at Chicago, Ill., Sept 12th, 1877. Important papers will be read and business transacted. President, T. L. Mason, M. D. Secretary, T. D. Crothers, M. D.

———:o:———

The Popular Science Monthly for September opens with another able original paper, by Herbert Spencer, on the development of the domestic relations, in which he indicates some of the most important lines of future social progress. The next article, "Odd Forms among Fishes," is by the late Prof. Sanborn Tenney, who, with the aid of numerous illustrations, gives a very entertaining account of sundry curious divergencies from the typical pattern in this division of animal life. The Observatories of Italy, of which there are no less than ten, under the patronage of the Government, are briefly described in the third article, with the work that each is doing. "On Drops," is a short but fully illustrated account of some remarkable experiments, showing, by the aid of electric illumination, the curious shapes which drops of fluid take on striking a hard surface. "Civilization and Morals," by our fellow citizen, Mr. J. N. Larned, is an instructive discussion of man's various relationships, and how out of these has grown up his present system of morals. The eighth article, "Instinct and Intelligence," by W. K. Brooks, of Johns Hopkins University, is of great interest, as tending to show that the distinction hitherto erected between men and animals in this regard has no actual existence in Nature. Among the five other papers that go to make up the body of the Magazine, all of which will fully repay the reader, there is a short but incisive article on "The Labor-Question," written before, but bearing directly on the recent strikes; and a sketch, with portrait, of Prof. Simon Newcomb, the distinguished Director of the U. S. Naval Observatory at Washington, and the present President of the American Association for the advancement of Science. The departments including Correspondence and Editor's Table are,

as usual, full of interest and instruction. They contain pointed discussions of current scientific questions, notices of the latest scientific books, and, in the Popular Miscellany, brief but clearly-written abstracts of recent papers, and descriptions of new discoveries from the principal centres of scientific activity both at home and abroad.

———:o:———

Books Reviewed.

Civil Malpractice: A Treatise on Surgical Jurisprudence, with Chapters on Skill in Diagnosis and Treatment, Prognosis in Fractures, and on Negligence. By MILO A. MCCLELLAND, M. D. New York: Published by Hurd & Houghton, 1877. Price $3.50.

We cannot do better than quote the author's definitions of malpractice and of a "quack," as given in Chapter I.

"Malpractice may be divided into three kinds, namely: 1. 'Ethical Malpractice,' in which persons claiming to be medical men bring suits against physicians or against Medical Societies, for alleged insults to their professional dignity. 2. 'Civil Malpractice,' in which patients bring suits for damages, which they have or think they have sustained through want of skill, or negligence on the part of their attending physician. 3. 'Criminal Malpractice,' in which the people or State is made the plaintiff.

"Suits under the first classification are usually instituted by 'quacks.' This term, in the medical profession, is applied to any one, whether he has any professional education or not, who violates §§ 3, 4, Art. I, Ch. II., of what is known as the Code of Ethics of the American Medical Association, which declares it 'to be derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand-bills, inviting the attention of individuals affected with particular diseases; *publicly offering advice and medicine to the poor, gratis; or promising radical cures; or to publish cases and operations in the daily prints, or to suffer such publications to be made*, (the italics are our own. ED.) to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality, and if mystery alone gives it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way promote the use of them.'

"So, also, the term is applied to those practitioners of the 'Specific School,' those 'transcendental pathologists,' who substitute for anatomy, physiology, and common sense, a dogma, upon which to build an enlightened experience, who consider as signs of the same disease, and as possessing

equal value, the following symptoms: 'Insatiable thirst, pallor of the face, scrofula, sweating of the head after sleep, burning in the palms of the hands, attacks of suffocation, furuncles, vomiting of blood, hiccough after eating or drinking, cutting pain in the rectum while at stools, absence of venereal desire, unbridled lusts, somnolency during the day after eating, paroxysms of anger bordering on mental alienation, tears frequently at the slightest causes,' &c., &c.; and who assure us in their therapeutics, that the administration of the 1,000,000,000,000,000,000,000th of a grain of carbonate of lime—common chalk—produces no less than a thousand and ninety symptoms, from which I select the following: 'On the fifth day, itching on the border of the eyelids; thirteenth day, *in the evening*, on going out, unsteady gait; seventeenth day, ardent venereal desires, especially during a walk *before dinner;* twenty-fiirst day, great heat at the extremity of the big toe; twenty-eighth day, itching at the anterior part of the glans penis, after urination,' * and so on, *ad nauseam.*

"As this volume may fall into the hands of some who are not familiar with the assumptions of these refined Pathologists and Therapeutists, I will be pardoned for presenting a few more flowers culled from their choicest conservatory, Jahr's Manual of Medicine, 'translated from the German by authority of the North American Academy of the Homœopathic Healing Art.' As the result of the attenuations and shakings certain of the remedies receive —and I may say here, most of them are taken from the regular arsenal—we have, 'Drawing pain in *hollow* teeth, extending to the eyebrows; cracked *upper* lip; stitches in *hollow* teeth, *when biting;* pain and pungency in the *elbow*, which does not allow one to stretch or exert the arm; pungency in the knee and bend of the knee; inflammation and swelling of *one-half* of the nose (which side the record saith not); torpor and stiffness of one-*half* of the tongue (probably the same side as of nose); blood blisters on the *inside* of the *upper* lip; loss of appetite, chiefly for bread and tobacco-smoking; rending and stinging in corns; red itching spots on the *shin-bone;* tingling in the *points* of the toes; perspiration on the hands, and *between* the fingers; stitches in the ankle *when stepping out;* a voluptuous tickling on the *sole* of the foot, *after scratching a little*, making a *man* (used in the sense of totality,—men, women, children?) almost *mad;* ulceration of *big* toe, with a prickling pain; an itching, tickling sensation at the *outer* edge of the *palm* of the *left* hand, which obliges the person to scratch.'

"Chamomile is followed by the following *mental* effects: 'Hypochondriac paroxysms of anxiety, as if the heart would break; restlessness, with anxious groaning and tossing about; irritable readiness to weep, with *whining* and *howling*, frequently on account of *old* or imaginary offences.'

"Chloride of sodium—common salt—is followed by more disastrous effects: 'Melancholic sadness, with searching for many *unpleasant* things; much weeping, and *increased* by consolation; sorrowfulness about futurity; anxiousness, also *during* a thunder-storm, *chiefly* at night; indolence, aversion to talk, joylessness, hasty impatience, and irritability; easily frightened; hate of *former* offenders; inclination to laugh; great weakness of memory and forgetfulness; awkwardness,' &c., &c.

"Sulphur is no better in its mental influence, if anything worse. Its administration is followed by 'sadness and dejection: melancholy, with doubts about his soul's welfare (suggestive); great inclination to weep frequently, alternating with laughing; inconsolableness, and reproaches of conscience about every action; attacks of anxiety, *in the evening;* nocturnal fear of spectres; philosophical and religious reveries; insanity, with imagination as if he were in possession of beautiful things and in abundance of everything.' But enough of this drivelling nonsense. What else can we call them but 'quacks'—ignorant pretenders to knowledge they do not possess?"

Would not many of the profession find it well to consider this extract carefully, and follow its teachings in spirit as well as in form?

* Hahnemann, Treatise on Chronic Diseases.

The greater part of the work consists of cases cited from various sources to illustrate all probable or possible ground upon which a suit for malpractice can be founded. The leading testimony, charges and the judgments of all the noted cases in the various States and England are given when of interest; and then the author gives his own views and also any remarks which he could find bearing on the subject.

It is well worth reading by every surgeon or physician, since the opinions of the author are sound and to be relied upon. C.

Ziemssen's Cyclopædia of the Practice of Medicine. Vol. XII. Diseases of the Brain and its Membranes. New York: Wm. Wood & Co.

The American reader will find many things that are new and interesting among Ziemssen's volumes. The style of the work is carefully scientific: the treatment of a subject is methodical: comprehensiveneness is aimed at rather than agreeableness in general impression. American writers are more attractive in style; convey a more practical view of disease; they impress the memory with the clinical appearance produced by the patient, and are very sensible, yet suggestive, in therapeutical indications. Many writers in this series of volumes are, we mistrust, in advance of the general practice of the German profession, in discreet conservatism and practical wisdom of treatment. It is a matter of congratulation that we have in the series, the history of disease presented with an accuracy and completeness not before had, while in pathology we have here summarized, the results of the labors of many distinguished foreign investigators, whose authority we are pleased to recognize.

Hermann Nothnagel, Professor of Clinical Medicine and Pathology, at Jena, opens this volume with a section on Cerebral Hemorrhage, Anemia and Hyperemia, which is very good and instructive. The following are from among his statements:

It is an established fact that the amount of blood in the brain is subject to variation. The contents of the skull are practically incompressible by the forces in our organism. The cerebro-spinal fluid furnishes a most important means for regulating the circulation of the brain, receding with the distension of the cerebral vessels, and returning as the distension lessens. The contents of the perivascular lymph spaces act in the same way. The thyroid gland is a further means of regulating intra-cranial circulation. "Maingen was led by a series of investigations to the conclusion that the action of the thyroid gland lies in the fact that when under excessive muscular exertion the veins of the neck are compressed, and there is danger of venous congestion in the brain, this gland becomes swollen and in its turn compresses

the carotids, being itself held firmly against the vertebral column by the contraction of the muscles of the neck. In this manner the danger of the further distension of the intra-cranial vessels by way of the carotid is diminished. Guyon confirmed and extended this conclusion."

Venous stasis causes increase of intra-cranial pressure; arterial anemia diminishes it. In hyperemia and anemia there is variation in amount of blood in the intra-cranial cavity or in its pressure. Cerebral anemia may be caused by fatty heart, by aortic valvular disease, and local spasm of arteries may occur in hemicrania and petit mal. Cerebral hyperemia may be caused by thrombosis of the sinuses and by stenosis or obstructions of the larynx.

"Since the observations of Durand-Fardel, the condition designated as état criblé has also been usually regarded as a consequence of long standing hyperemia. This sieve-like appearance of the brain is characterized, as is well known, by the presence on the cut surface of numberless round or oval openings, sometimes as large as a pin's head. These holes were formerly referred entirely to enlargement of the small vessels, but Bizzozero, Golgi, Bastian and others, have proved they depend still oftener upon dilatation of the perivascular lymph sheaths. These dilatations are met with principally in the white substance of the hemispheres, in the coopora striata and in the optic thalami. They are oftenest found at the autopsies of elderly persons, and of those who have suffered from stasis of long duration."

"The most important predisposing cause of cerebral hemorrhage consists in diseases of the cerebral vessels, especially the arteries. In the last twenty-five years this fact has been quite universally recognized, and further, this diseased condition has been supposed to consist essentially in a sclerotic change in the arterial walls. The question was raised, however, how it was in other parts of the body sclerosis of the walls of vessels gives rise to vascular rupture only after aneurisms have formed, whereas in the brain the extravasation seemed to come from vessels without aneurisms."

"Charcot and Bouchard have recently explained this apparent paradox by the demonstration of the so-called miliary aneurisms. These formations had, to be sure, already been observed in single instances, before this time, by Cruveilheir, and Virchow, by whom they were called 'saccular dilatations,' as well as by Heschl, in the pons varolii, and by Meynert. But Charcot and Bouchard were the first to show that the "miliary aneurisms occur *regularly* in the cases of spontaneous hemorrhage, so-called, (out of seventy-seven cases they discovered them in every one,) and that the hemorrhage actually takes place in consequence of the rupture of these formations. Since then their statements have been confirmed by Vulpian, Barth, Behier, Lionville and on the ground of operations extending over several years by Zenker and also by Roth."

"These aneurisms are of reddish color, varying in size from that of scarcely visible bodies, to that of a pins head, and are situated on the arterioles. Their number is very variable, sometimes but few are found, in the vicinity of the ruptured vessel, sometimes they are scattered through the entire brain, to the number of one hundred and upwards. The relative frequency of their occurrence in the different regions of the brain is quite constant; their favorite seat is the thalamus opticus and corpus striatum, then the convolutions, pons varolii, centrum ovale, middle cerebellar pedunclesus pedunculi cerebri and medulla oblongata are progressively less apt to be affected."

The symptoms premonitory of an apoplectic attack are described, and the symptomatology of the different lesions as regards their location is well considered. As a conclusion of the subject as to the possibility of localizing

hemorrhagic lesions of the cerebral substance, he says:— "We find that this can be done with proximate certainty, *in the presence of certain definite conditions*, only for lesions in: 1, the pons; 2, the pedunculus cerebri; 3, the nucleus lenticularis; 4, the crura cerebeli; and 5, if anesthesia is the only or prominent symptom, for a certain part of the brain which has been specified (occipital or posterior parietal lobe). Furthermore while we are unable to refer lesions to these parts with anything more than approximate certainty, the utmost that we can do for the other regions of the brain, even by dint of the most careful consideration of all the features of the case, is to establish with greater or less certainty a "presumptive diagnosis" and often not even this, especially in cases of large and extensive hemorrhage."

Professor Obernier of Bonn, treats of Tumors of the Brain and its membranes, and gives numerous illustrative cases.

The section on Syphilis of the Brain and nervous system, will be examined with interest by the profession. Professor O. Heubner of Leipzig, the author, states that there are three types of cerebral syphilis generally recognizable, differing in their character, and their progress, and founded on the varying anatomical relation of the lesions present. These are described in summary by him thus:—1. Psychical disturbances, with epilepsy, incomplete paralysis (seldom of the cranial nerves,) and a final comatose condition, usually of short duration. This form occurs where the syphilitic lesion is situate in the cortical portion and adjacent medulla or on the membranes of the brain. 2. Genuine apopletic attacks with succeeding hemiplegia in connection with peculiar somnolent conditions, occurring in often repeated episodes; frequently phenomena of unilateral irritation and generally at the same time irritation of the cerebral nerves. In this class the syphilitic new growth is frequently found, at the base of the brain it projects deeply into the interior, and while spots of softening are usually wanting in the cerebral cortex and in the large mass of medullary white substance (centrum ovale), red or yellow softenings or infarctions, cysts, etc., are regularly found on one of the great ganglia, most frequently in the nucleus lenticularis and nucleus condatus, etc. These internal lesions are very probably consequent upon syphilitic affection of the arteries, which is also a main feature in the pathology of this type of the disease. It is evident that while the paralyses of the cranial nerves in this form of the disease are produced by the exudation at the base of the brain, the hemiplegias are due to the changes in the great ganglia. 3. The course of the cerebral disease is similar to that of dementia paralytica (general paralysis of insane). In all possibility minute processes in the cerebral cortex must be looked upon as underlying these so far mysterious cases. The termination of cerebral syphilis may be, and in fact frequently enough is, a fatal one. But on the other hand when an efficient anti-syphilitic treatment is begun early enough, an absolute or relative cure of the disease, whether it appears in one form or in the other, is decidedly possible.

Acute and chronic Inflammation of the Brain and Membranes are treated of by Professor S. Huguenin, of Zurich. The dura mater is composed of two lamella, one external or periosteal, and another internal layer, and between these are situated the sinuses. The existence of a parietal layer of the arachnoid is denied by all later observers. Pachymeningitis interna hemorrhagica affecting the inher layer of the dura mater is quite frequent. Accounts of the autopsies of insane patients show that it is often present, and it is quite likely to be found with other pathological conditions in the general paralysis of insane. The author gives a minute account of the pathology of the disease, and inclines to the opinion that it is occasioned by rupture of diseased veins near their entrance to the sinuses. Abscess of the brain is fully treated of. The author is very conservative as to interference in treatment of injuries likely to produce intra-cranial suppuration or abscess.

In conclusion, Hypertrophy and Atrophy of the Brain, and a very readable article on Dementia Paralytica, or general paralysis of insane, is given by Prof. E. Hitzig, of Zurich, whose investigations in the localization of the functions of the brain are widely known. W.

———:o:———

Books and Pamphlets Received.

Ziemssen's Cyclopædia, Vol. XII. Diseases of the Brain and its Membranes. NewYork: Wm. Wood & Co., 1877. Buffalo: James H. Matteson.

Some general ideas concerning Medical Reform. By David Hunt, M. D. Boston: A. Williams & Co. New York: Wm. Wood & Co., 1877.

Report on the management of the Insane in Great Britain. By H. B. Wilbur, M. D. Albany: 1877.

Contributions to the treatment of Pulmonary Phthisis. By Dr. W. Gleitsmann.

A simple mode of cleansing the Nasal and Pharyngo—Nasal Passages. By Thomas F. Rumbold, M. D. St. Louis, Mo.

The Toner Lectures.—Lecture V.—On the Surgical complications and sequels of the continued Fevers. By Wm. W. Keen, of Philadelphia. Washington: Smithsonian Institute, April 1877.

Report upon Obstetrics. By Edward W. Jenks, M. D. Detroit, 1877.

Association of American Medical Colleges, History of its Organization. Detroit, 1877.

Transactions of the Medical Association of the State of Missouri. April 1877.

Popular Science Monthly, and Supplement for September, 1877.

Annual announcement of Indiana Medical College, 1877-8, and of Starling Medical College, 1877-8.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. OCTOBER, 1877. No. 3.

Original Communications.

———:o:———

ART. I.—*Treatment of Diphtheria.* By E. N. CHAPMAN, A. M., M. D., late Professor of Obstetrics, etc., L. I. College Hospital.

The treatment of diphtheria has, the last ten years, been so thoroughly and exhaustively discussed, that it would seem the height of folly, at this late day, to question the matured opinions of practitioners and writers the world over. Nevertheless, from the fatality of this deadly scourge, as it is universally considered, I am induced to offer my experience in a plan of medication which has, after a trial of more than fifteen years, been crowned with a success that throws every other, however pretentious, into the shade. To substantiate this bold statement I shall appeal for proof to the records of the Board of Health of this city, a set of books as certain to dissipate groundless assumptions as to establish sterling facts. The revelations of microscopy, the researches of chemistry, the flights of theory, and the deductions of reason are of little avail in the face of the enemy, when the urgent practical question,—the empirical fact—what will cure the patient, waits a solution.

In 1859 and 1860, whilst employing the means then in vogue, I lost every third or fourth case, a frightful mortality, yet one many physicians bemoan even now; but immediately after instituting an opposite treatment, though the epidemic was at its worst, not more than one in twenty. This treatment, which I have since seen no reason to change, or even to modify in any essential particular, was, together with the cases presented in its support, published in the Boston Medical and Surgical Journal, February 5th, 1863. In this article, reasoning from results to causes, I came to the conclusion that diphtheria is a disease of the blood, a disease tending to rapidly destroy the vitality of that fluid; that the exudation is secondary to this contamination, a local manifestation of a general dyscrasy; that the fever is sympathetic, the turmoil excited by the intrusion of a deadly agent; that alcohol counteracts, neutralizes, or destroys the poison, whatever it may be, acting, in fact, like a true antidote, if promptly and liberally given; that the membrane falls and does not reappear directly the blood fails to offer the proper pabulum for its continual growth; and that bark and iron are the only aids required, aside from substantial food, to conduct ninety-five *per centum* of all cases to a successful issue.

Acting on these principles from December, 1860, to the conclusion of my report, January, 1863, it appears that, of the twenty cases treated with brandy, quinine, and iron, I lost one only, a result so far surpassing what had been attained by others, that I hoped the profession would be induced to give these remedies a fair trial; but, as yet, this hope has not been realized. For this failure, it is easy to allege a sufficient reason. The misfortune of a name often clouds a writer's ideas or, when these are fully grasped, ensures their prompt rejection.

Under ordinary conditions, alcohol is a stimulant; but in diphtheria it lacks this property, a quantity which would in health induce intoxication having no excitant effect: it is thrown off in the breath; but in diphtheria, unless the dose is disproportionately large, no odor is perceptible until the disease begins to yield: it is contraindicated in acute attacks of fever, especially if attended with local inflammation; but in diphtheria the contrary holds true: it is demanded, when the vascular excitement lessens and nervous

energy flags, to support the vital forces in the effort to rally from the shock, and regain their supremacy; but in diphtheria the poison has, at this stage of the disease, done its work so thoroughly that alcohol no longer, or but feebly, manifests its antidotal property.

Hence, from the more common action of alcohol, and the more common use to which it is applied, it is well-nigh impossible to gain a hearing, when, on the strength of clinical data alone, one asserts that alcohol in diphtheria is not a stimulant, but a febrifuge; is not an excitant, but a sedative; is not a tonic to support the strength, but an antidote to neutralize the poison; its full efficacy being shown at the outset of the disease when fever is high and inflammation acute. In fact, it is as much a specific for the diphtheritic poison as quinia for the malarial; each breaking up a special morbid process, and rendering a prompt return to health possible, through an unknown potency that has as yet defied the search of science. So, also, the analogy holds as to the prophylactic qualities of these two remedies; what is curative being equally preventative in each instance.

From the treatment I commenced at the close of the year 1859, and published two years later in the Boston Medical and Surgical Journal—a treatment which has to this day made no advance in professional favor—I will make the following extract, inasmuch as it inculcates the therapeutical principles that have since, by a singularly small ratio of mortality, been notably vindicated, if, peradventure, success for a series of years is the touchstone by which to test medical doctrines.

"With a singular uniformity, the stimulating treatment, whether in the acute or chronic stage—that of excitement, fever, and inflammation, or of prostration, rheumatism, or dropsy—had the same happy effect; and it was in all conditions, that had a diphtheritic origin, uninterruptedly followed; since we only regarded the causation, not its manifestations—the root of the evil, not its offshoots—and directed our efforts to the removal of a special state of the blood. This state of the blood, which is prone to occur in scrofulous children, or adults reduced by disease, or of feeble constitutions, in a certain endemic condition of the atmosphere, is marked by a diminished vital power which, being exalted by stimulants, the symptoms are checked, the inflammation subdued, the membrane removed, a rapid recovery effected, and relapses prevented.

In other words, this plan of medication is radical, strikes at the heart of the trouble; whereas most others that have been proposed are but an ineffectual warfare against symptoms. The blood, which is similarly affected in the mild or severe cases, in the first or later stages, only differing in the degree of its dissolution, alone claims our attention. Against this condition, before the disintegration is irreparable, we bring to bear the most powerful means in our hands, to buoy up the constitutional powers, and sustain the activity and energy of each function. The first link in this morbid chain being this retrograde movement in the vitality of the blood, when this is checked, fever, inflammation, hæmorrhage, exudation, collapse, paralysis, dropsy, &c., disappear almost magically, from the simple fact that the cause has been rendered null and inoperative, and the prime pathological change removed.

"Of the remedies that have been employed in diphtheria, two only have proved themselves in my hands worthy of confidence, with the exception, in the chronic stage, in favor of the salts of iron. These two remedies, alcohol or cinchona in one of its forms, are administered in such doses and at such intervals as to secure one effect—the fullest stimulation of the nervous and vascular systems. Either, singly, may suffice when the vital force needs but slight aid to maintain the integrity of the blood; but the two united have more than a double power, and call out the greatest possible amount of resistance, since the nerve-centres and blood-vessels—the great life-factors—are exalted to the highest point. Alcoholic liquors, when given in such quantities and at such intervals as to occasion and keep up a steady but not excessive excitation, not only quicken the functional offices of each organ, but act more especially on the nervous and vascular systems. They bring out the latent powers, arousing them when dormant, and freeing them when oppressed by a load of morbific influences; and thus give, for the time being, the greatest energy to the entire organism. Herein, according to the views of many therapeutists, alone consists the value of this class of stimulants in any disease. The patient lives over the crisis, or the poison is spent or eliminated; and thus recovery becomes possible. This is but a partial estimate of the remedial action of alcohol, which not only produces the effects just mentioned, but others of much greater importance in the present disease—the increased vitality of the blood itself. It is well known that the habitual use of spirituous beverages augments the blood-making process, renders the blood richer in all of its important constituents—the red globules, albumen and fibrin—and of a greater crasis; by which means, there arises an excess of organizable material, that often occasions inflammatory diseases in *bonvivants*. This condition is the opposite to that existing in the diphtheritic subject, whose blood has, invariably, been rendered poor by exhausting disease, or impoverished by the demands of increase and growth, as in the in-

stance of children. These causes are intensified and rendered operative by a scrofulous or syphilitic taint.

"It is a noteworthy fact, that, in my experience, diphtheria never attacks those habituated to the use of spirits. This, if confirmed, may be more than a remarkable coincidence.

I, therefore, from clinical observations and therapeutical deductions, arrive at the practical conclusion, that alcohol is not only a stimulant to the system at large, but also to the blood itself, quickening its vital elaborations, and increasing its vital status, through which a direct barrier is thrown in the way of the disease. In other words, the results produced by the disease, and by the alcohol in the blood, being directly opposite, they neutralize each other; and thus, the stimulant assumes in my eyes the position of a true remedy, a trustworthy antidote. Hence its medicinal power being not only remedial but prophylactic, it will prevent the extension of diphtheria in the other members of the family, as well as cure the one affected. This conclusion is a necessary sequence, if the pathology of diphtheria and the *modus operandi* of alcohol have been correctly appreciated.

In malignant cases of diphtheria, we might desire to avail ourselves of a co-operating remedy—of one, like quinia, that particularly excites the great ganglionic nerve-centres; by which means we should attain a maximum of power, and carry stimulation to the highest possible degree. The various preparations of the cinchona bark fulfil this indication; and, when pushed to the extent of causing *tinnitus aurium*, are our most potent nerve-stimulants. Their efficacy is shown in all diseases when the innervation is weakened, disordered, or perverted; in fevers from malaria, in fevers from a blood-poison, and in a variety of morbid conditions attended with an exhausted or defective nervous energy. As a tenderness of the gums is a mark of the saturation of the system with a mercurial, so the ringing in the ears indicates that the brain is fully under the influence of cinchona. Both it and the alcoholic stimulant, whether used singly or united, should be given with regularity, and in sufficient doses to obtain their full effects; and then the latter, in a lessened quantity, continued for two or more weeks after the disappearance of the disease and its sequelæ. From the outset to a permanent restoration to health, one, or perhaps both of these remedies, are to be continuously administered.

In the more tedious cases that retain a hæmorrhagic tendency, the substitution of a sesqui-salt of iron for the cinchona might, for a time, be advisable, when the peculiar effect of the latter on the brain had been attained. These salts of iron, like the alcohol, increase the crasis and coagulability of the blood, as I have experienced in several instances of internal hæmorrhage; but they affect the body of the blood too slowly to be a trustworthy reliance in acute cases. Their action would be slight, short of two or three days; whereas the progress of diphtheria brooks no delay. Indeed, one of my

cases was attacked with the disease, although the persulphate of iron, in free doses, had been in use for hæmoptysis for more than, forty-eight hours. At least fifteen drops of the muriated tincture, or five drops of the solution of the chloride or persulphate of iron, should be administered every third or fourth hour whenever we desire this peculiar change in the blood; but in chronic cases, with more time at our disposal, the dose may be less, since usually our main object is now to remedy the anæmia.

"Most writers insist strongly on the importance of giving large quantities of animal broths to sustain the strength of the patient, and thus enable him to ride out the violence of the disorder. This, as a medicinal means, cannot but be erroneous in the early stages, since most of the patients are taken while eating heartily of animal food, and enjoying their usual health. We could not expect that nourishment, however concentrated, which did not prevent the accession of a disease whilst the digestion was vigorous, would cure it when digestion, assimilation, and nutrition are completely destroyed. The change of food into the living structures is something more than its ingestion into the stomach, or its absorption into the blood-vessels; and nutriment, unappropriated, can be only an incumbrance, —a foreign element—which will be carried off by the kidneys with the effete matters. Most of my patients took little or no nourishment before convalescing, when it was ordered for the same reasons that we order it in other ailments.

"It is important to avoid close, hot, and badly ventilated rooms, and secure a free circulation of air. As soon as practicable, the patient should be taken out of doors, and no fear need be entertained of *catching cold;* the disease having no analogy with tonsillitis, pharyngitis, or any other mucous inflammation whatsoever."

Since writing the above, I have come to rely more and more confidently on alcohol in some one of its many forms, as the remedy *par excellence* not only for diphtheria, but also for all diseases with which it is complicated; for example, croup, scarlatina, pneumonia and albuminuria, and I might say, perhaps, gastritis and meningitis. In fact, diphtheria so contaminates the circulation that recovery is scarcely possible in slighter ailments than these unless this, the major disease, which overrides all else, is promptly attacked by the only agent that will neutralize its venom, and effectually check blood, degeneration. This being done, the case is usually so simplified as speedily to terminate in recovery with little farther aid from art. Often, indeed, these several complications are simply varied expressions of the diphtheritic poison, signs of a general infection of the system, that demand even more urgently the use of stimulants and tonics in full doses.

Still more, diphtheria makes a decided impress, when generally prevalent in a community, on all other diseases by imparting a low type that forbids depressing medication, and demands early stimulation. Antimony, ipecacuanha, and hot baths should in croup soon give place to brandy, quinine, and good food; immediately if the fauces appear at all suspicious, and directly if the reducing plan fails to subdue the rough, rasping cough. Thus the formation of the croupous membrane, which, doubtless, in a certain epidemic state of the air is always of a diphtheritic nature, may be forestalled. So, also, in cases of mucous, follicular, and glandular inflammation of the tonsils, the alcoholic treatment heads off the enemy, should it lie in ambush, and more certainly than any other ensures a prompt and satisfactory recovery. The exudation fully declaring itself, whatever may precede or attend it, the alcohol is to be implicitly relied upon to the exclusion of all else, unless the sulphate of quinia be an exception, and given with the same precision as is requisite to the proper administration of any other important medicine. The conditions of success must be observed scrupulously, as otherwise the alcohol may be robbed of its specific virtues, and the contamination of the blood go on unchecked. Whatever makes a call on the nerves and lessens their tone like cathartics, emetics, and foul air; and whatever deteriorates the blood and impairs its crasis like mercurials, alkalies, and poor food, is to be carefully avoided. Consequently the patient should be in bed, the room cool and well ventilated, evacuants interdicted, the secretions undisturbed, and the fever, local symptoms, or other accessory conditions disregarded. The one indication alone obtains; to wit, the introduction, as promptly as practicable, of a sufficient quantity of alcohol into the circulation to counteract the effects of the poison and prevent morbid changes in the blood. The more speedy the resort to the antidote, the more speedy the cure, a day or two being often sufficient to restore the patient to his usual health; but, if the alcohol be held in reserve until the fever is allayed and the system prepared for stimulants, it will be shorn of its potency, as now the damage has been done and there is no vitality left to respond, though the stomach were flooded with alcohol and stuffed with food. The administration of alcohol, therefore, at the inception of

the disease, and in a sufficient quantity to prevent the peculiar fermentation in the blood induced by the diphtheritic poison, is necessary to the full play of the specific virtues of the remedy; but, on the contrary, that of quinia at a later stage and in a moderate dose to sustain the nerve-centres and arouse the latent energies of the system. Nevertheless, to intensify the power of alcohol by imparting through the nerves more vitality to the blood, it is safer in bad cases to inaugurate the treatment with both, and, in this way, anticipate the depression that soon follows the appearance of the membrane.

The office of iron is much inferior to that of quinia. It is not to fight the battle but to complete the victory; not to defend the citadel but to rebuild its shattered walls; and yet, in order to remove every evidence of the terrible struggle, and restore the vital forces to their wonted supremacy, the aid of alcohol is needed more or less constantly.

To show the sufficiency of these three agents, unaided by others, medical or surgical, I will here append the histories of certain typical cases which illustrate both the routine of my treatment, and its success in the most desperate straits.

A boy three years old was taken in the evening with croup. At first emetic, and then nauseating doses of ipecacuanha were given, but in the morning, to head off any lurking tendency there might be to the membranous form, fifteen drops of whiskey every two hours. The third day, the mother had a small diphtheritic patch on one tonsil. Two teaspoonfuls of whiskey and one grain each of quinoidine and sulphate of cinchonia were directed every two hours. The whiskey ordered for the boy was now given to his brother, two years younger, in ten drop doses. On the fourth day the first, and on the eleventh the second son, were attacked with scarlatina in a mild form. The alcoholic treatment was followed without addition until convalescence was established. On the twelfth day the daughter, twenty-one years of age, the only remaining member of the family was attacked with a raging fever, intense headache, and membranous inflammation of both tonsils. In her case, the same medicines were prescribed as those taken by the mother. All re-

covered promptly, and suffered from no secondary disorder; except the mother who had, some ten days after the fall of the membrane, a dimness of vision that forbade reading, sewing, or other continuous application of the eyes. This symptom necessitated a return to the original treatment for a couple of weeks.

A gentleman who had for many years been superintendent of a large brass manufactory, where his nerves had at length become so shattered by the roar of machinery and the reverberation of metal that he was about retiring to a farm in Connecticut, was taken down with pneumonia and diphtheria simultaneously. Brandy and quinine carried him quickly and safely through these diseases; whereupon the country air, imparting tone to the nervous system, restored the full vigor of former years.

A child seventeen months old, badly nourished, and subjected to the adverse conditions of the back basement of a tenement house, came under my care the third day of its illness. The exudation covered the fauces, and filled the nostrils. The voice was extinct, the head thrown back, and the inspiration laborious and whistling. I held out no hopes to the parents of recovery, but told them that their only chance was to give, as long as the child could swallow, the following prescription.

℞. Quiniae sulp. . . . . gr. vi.
Acid. sulp. aromat. . qtt xx.
Sp. frumenti. . . . . ℥i.
Aq. fontanae . . . . ℥ij. M.

S. A teaspoonful every hour and a half in water.

This was given singly and uninterruptedly until convalescence was established, when the whiskey alone was relied upon.

On the third day of my attendance, as the membranous secretion gave place to a purulent one, and the respiration improved, the ears became filled with the same deposit, and the cervical glands enlarged by a low form of inflammation. Two of these glands quickly suppurated and were lanced. In the mean time the exudation having disappeared, the medicine was given at longer intervals and, lime-water and condensed milk substituted for the mother's milk, which was watery and insufficient.

In a day or two the child began to struggle for breath, as in membranous croup, when the quinine and whiskey were re-ordered as at first. The effect was a copious purulent secretion, a disintegration of the membrane, and the relaxation of the spasm. As soon, however, as this danger was past, a graver one, if possible, presented itself—the extension of the exudation to the bronchial tubes. The child did not expand its chest, had a livid, bronzed look, was bathed in a clammy, profuse perspiration, and felt as cold as a piece of marble.

I directed an emetic of ipecacuanha, sinapisms to the chest, dry warmth to the extremities, and a continuance of the prescription. The emesis, bringing up a large amount of muco-purulent matter, gave instant relief. Afterwards, the child vomited once or twice a day spontaneously. My attendance extended from February 19th to March 11th; but ten days before the last date, the recovery was assured. This was not retarded, or marred by any secondary trouble whatever.

A boy six years of age, was taken with diphtheritic sore throat; and, though the local disease remained much the same, he rapidly grew worse. His blood seemed saturated with the poison; as shown by the stomach rejecting all food and drink, by the heart acting feebly and irregularly, by the extremities being cold and shrivelled, and the skin having a dusky, sodden look. At first, one and then two teaspoonfuls of brandy were given every two hours; but soon the larger dose every hour. Food in any form would not remain on the stomach; and quinine, promptly rejected, induced a retching that was slow to subside. The brandy, only tolerated in divided doses, had to be often repeated to make good the loss. On the third day, there was a typhus-like fever; lividity of the surface, oppression of the brain, muttering delirium, and a quick, feeble pulse. On the fourth day scarlatina made its appearance. The eruption, save mottled blotches on the face, was confined to the trunk, and had a deep raspberry hue. As the symptoms assumed greater gravity, the brandy was given in three drachm doses every hour, and aided, as far as the stomach would permit, by quinine, and lime-water and milk. At the advent of the eruption, the membrane began to

spread over the fauces and extended up the posterior nares, and, at its decline, to be detached in putrid flakes and discharged in purulent sputa. The active treatment extended over two weeks, and resulted without accident in a speedy and perfect recovery.

A girl, nine and a half years old, deficient in constitutional force, weakened by too rapid growth, and afflicted with lateral curvature of the spine, was taken with diphtheria. The exudation on the third day covered the fauces, filled the nostrils, and extended along the roof of the mouth. The symptoms became more and more typhoid, and the putrescence more and more pronounced. Food and drink were not tolerated, quinia induced violent retching, and brandy was vomited unless given in small quantities. The case seemed desparate, as it presented all the signs of malignancy. Beginning at first with smaller doses, the brandy was soon increased to four drachms the hour, and when rejected was made good. As the stomach became more tractable, lime-water and milk, scalded in a thin decoction of farina, was given for nourishment; as the disease began to yield quinia was administered in suppositories; and, as the membrane lost its hold and was supplanted by a purulent secretion, the tincture of iron in small and frequent doses was conjoined with the brandy. In two weeks convalescence was fully inaugurated; and in three, when the local disease was completely subdued, a semi-paralytic state of the heart showed itself, and necessitated the removal of pillows and a rigid enforcement of the horizontal posture. Eventually, she was restored to her usual health without a drawback, excepting a discharge from the right ear.

On the fifth day of this patient's illness, two of her younger sisters were attacked with scarlatina. The whiskey which they, together with the other members of the family, had been taking as a prophylactic was now continued as a medicine. The only addition was a diaphoretic mixture. They passed through the fever in the most satisfactory manner, it being neither aggravated by complications, nor prolonged by secondary disorders. The others in the house, some twelve in number exclusive of the servants, escaped by the virtues of the antidote, though the scraping of walls, the burning of clothes, the tearing up of carpets, etc., were omitted.

I was called on a Sunday evening by Dr. ——, a friend of mine, to see a lady whose child had died the morning previous of diphtheria. She had held the child most of the time of its illness, and kissed it repeatedly and frantically on the lips, as prutrescent matter flowed from them in its last moments. Friday and Saturday she had had an exudation of moderate extent in the fauces, but now in addition a diffused intumescence and induration of the neck. Seeing that the patient had inhaled the child's breath for six days, had had patches on both tonsils for two, and had applied her mouth to the poison many times, I mentioned to the Doctor that we had all the conditions present, foreshadowing a malignant case, and that, regarding alcohol as a true antidote, I would advise its administration in full doses, the same as when the disease was at its height. Besides the quinine previously prescribed, the patient took a tablespoonful of whiskey every hour with this result; she attended the child's funeral on Tuesday, and in a day or two regained her usual health. In this case, the abortive power of alcohol was fully manifested—a power it rarely fails to assert.

To further substantiate the virtues of alcohol in the treatment of diphtheria, I will in conclusion appeal to the records of the Health Board of this city. From the figures furnished me by two persons connected with this department, it appears:

In 1874 there were reported 1651 cases of diphtheria; in 1875, 2669 cases, and in 1876, 2329 cases; making in all 6649 cases.

During the same years, respectively, there were reported 580, 965, and 810 deaths from diphtheria, and 318, 451, and 412 deaths from croup, making the total mortality from diphtheria 2355, from croup 1181, and from diphtheria and croup 3536.

Now if it be assumed that all the cases reported as diphtheria were genuine, and that the majority of deaths from croup had a diphtheritic origin, as doubtless is true, then there will be slight grounds for congratulation over the progress made by therapeutics. The mortality is truly appalling. Even including the croupous, among the diphtheritic cases the exhibit is far from flattering.

From Jan. 10th, 1874, when I lost a young girl ten years of age, to this date Sept. 15th, 1877, I have reported 78 cases of diphtheria

and lost one only. This even does not rightfully belong to the list, as the child had been under the care of a homœopathic physician several days. A younger child lay dead in the house when I was called. Beside, the patient refused all food and medicine, and died in thirty-six hours. An older child promptly recovered.

To these 78 cases should be added some eight cases, or more, which, from the slight local trouble or other cause were not reported; but which, from the course of the disease, I am convinced were really diphtheritic. Three of these cases, from the delay in resorting to brandy and quinine at the outset, required much longer treatment than usual. Thus it appears that, in a period of three and a half years, 85 cases of diphtheria have been treated successively without a failure. What is more, not a death appears under the head of croup, or other disease, the sequel of the diphtheritic poison.

The following report was furnished me as to the cases and causes of death—old age, 2; heart disease, 2; softening of brain, 1; cancer, 1; apoplexy, 1; phthisis, 2; pneumonia, 1; congestion of lungs, 1; jaundice, 1; typhoid fever, 1; cerebro-spinal meningitis, 1; cystitis, 1; Bright's disease, 1; puerperal fever, 1; diphtheria, 1; scarlatina, 1; cholera infantum, 5; marasmus, 2; convulsions, 2; chronic eczema, 1; whooping cough, 1; and dentition, 2.

The above success, verified beyond cavil, was due almost wholly to the systematic use of whiskey or brandy in definite doses and at fixed intervals, whether the cases were suspicious, mild, or well-marked. A croupy child, if not speedily relieved by the usual remedies, was treated in the same way; as also other members of a family, when one of them had decided diphtheritic symptoms.

Several of my medical friends who have been induced to make trial of the alcoholic treatment, assure me that it gives far better results than any other they had previously employed. Should other members of the profession, from the facts presented in this article, do me the like honor, I am certain they would soon meet diphtheria without fear, treat it with confidence, and attain a success surprising to themselves.

ART. II.—*Separation of the Ileum and spontaneous Occlusion of the divided extremities.* Reported to the Buffalo Medical Association by THOS. F. ROCHESTER, M. D.

On the twentieth of August, 1877, at 7 A. M., I visited Mrs. A., thirty-eight years of age. She had been my patient for many years, and had been attended by me in several very severe attacks of constipation, depending, as was thought, upon spasmodic contraction of the colon, and yielding to morphine subcutaneously, and to assafœtida internally. Mrs. A. was tall and very thin; had borne four healthy children, and had suffered from one or more premature labors. Her general health, apart from her attacks of constipation, was good. Four years since, in one of her illnesses, *a slight inguinal hernia* was discovered. Failing to reduce it by taxis under chloroform, change of posture, applications of ice and other means, I called upon Prof. J. F. Miner, who reduced it under chloroform, by long and strong manipulation. The reduction was followed by entire relief as far as pain and constipation and vomiting were concerned, but was succeeded by a large and deep slough of the skin and subjacent tissues extending down to the peritoneum. It healed in something over two months with cure of the rupture. It was a matter of friendly controversy between Dr. M. and myself as to whether the ice or the taxis had caused the slough. Especial attention is called to this point in the history, as possibly having some relation to the remarkable pathological condition to be presently mentioned.

I had last seen Mrs. A. Oct. 12, 1876, and was now much surprised and equally hurt, to learn that she had latterly been under the treatment of homeopathic practitioners, and had been very ill for the last five weeks. I found her with a greatly distended abdomen, through the thin walls of which the convolutions of the small intestines could be distinctly felt. Her pulse was small, frequent and thready. Extremities cold and nails livid; forehead very hot; temperature 105; unconscious of my presence, but evidently in great agony, and constantly crying for chloroform; of which, her husband had administered, by inhalation, about twelve ounces through the preceding night. She had for years employed both chloroform and opium when in severe pain, but not at other

times. With the symptoms above enumerated, it was but too evident that a fatal issue was near. I therefore, especially under existing circumstances, refrained from administering morphine subcutaneously, and directed a suppository of three-fourths of a grain of morphine and three-fourths of a grain of alcoholic extract of belladonna, to be used and to be repeated in two hours, if the severe pain continued. This was repeated at 11 A. M. At 3 P. M. she was quiet, but unconscious. At 9 P. M. she died. Forty hours after death, post-mortem examination was made by Drs. Diehl and W. W. Miner, in the presence of myself and several other physicians. On opening the abdominal cavity, the small intestines were found enormously distended, and injected throughout their entire length, the average diameter being three inches. The large intestine was correspondingly shrunken—being but half an inch in diameter—but apparently not thickened or diseased. The cæcum and appendix vermiformis were healthy. There was no obstruction whatever in the large intestine. Evidences of considerable peritonitis were found in the presence of lymph, adhesions and serous effusion. Attention was called by Dr. Fowler to what appeared to be a perforating ulcer of the ileum. On close examination it proved to be a slough of the outer and muscular coats, not involving the lining mucous membrane. About two feet below this point the ileum came to an abrupt end, there was a tight cul-de-sac, the intestine was completely closed, and on being distended with a blow-pipe, displayed a rounded extremity with cicatricial lines. Search being made for the continuation of the intestine, another cul-de-sac was found, separated from the first about four inches, and connected with it by mesenteric attachment. It was also distended with a blow-pipe, and corresponded with the first cul-de-sac in manner of occlusion, but was only one-fourth the size of the first in diameter. This portion of the ileum was eight inches in length and terminated naturally in the head of the colon. The specimen has been carefully prepared by Dr. Phelps, and distended, and is presented for examination. It is evident that the ileum has been *separated by a space of at least four inches,* that there is no continuity of intestinal cavity corresponding with this interval, and that each end of the separated intestine is com-

pletely closed by continuous peritoneal membrane, the rounded ends showing distinct cicatricial lines. Careful search in the abdominal cavity did not reveal any foreign body or any loose intestine. There was present, however, a muddy fluid and shreddy flocculi in abundance, and this may have been the remains of the disintegrated intestine which left the wide gap. The specimen is presented as unique and most interesting. There is plenty of room for conjecture—there is no positive evidence of the real cause of the solution of continuity. It may have proceeded from the hernia, or from morbid processes resulting from it, but that seems hardly probable, as it would have to ante-date four years. It may have been caused by a recent strangulated internal and concealed hernia, but in that event we ought to be able to find distinct traces of the strangulated intestine in the abdominal cavity. While I am inclined to think that the latter conjecture is probably correct, it is to be extremely regretted that this conclusion rests on conjecture alone.

As far as I have been able to ascertain, the patient did not have a thorough evacuation of the bowels for the five weeks preceding her death. There were discharges, per rectum, but they were all watery. For the last ten days she did not retain any nourishment —vomiting was constant and persistent. Another singular circumstance remains to be mentioned. Two weeks before her death Mrs. A. seemed better, sat up in her room, *and took a ride in a carriage* with her husband, but while out was attacked with terrific pain, was immediately brought home, and did not thereafter leave her bed.

———:o:———

ART. III.—*Abstract of the Proceedings of the Buffalo Medical Association.* Tuesday, evening, September 4th, 1877. Reported by BERNARD BARTOW, M. D., Secretary, *Pro Tem.*

The meeting was called to order by the vice-president, Dr. Thos. Lothrop. In the absence of the secretary, Dr. Bartow was chosen to occupy that position.

Dr. S. W. WETMORE read a paper, entitled "What is Modern Homœopathy?" Under the head of voluntary communication,

Dr. THOS. F. ROCHESTER, presented an unique pathological specimen with the history of the case. (See Art. II, page 93.)

Dr. WHITE thought it was one of the most interesting pathological specimens he had ever seen. It was without a parallel. Did not know whether he could adopt unreservedly, the theory advanced by Dr. Rochester, as to the manner in which the occlusion was caused. Here was a segment of small intestine of several inches in extent, entirely gone—obliterated, with both of the divided ends sealed up by a delicate film-like tissue. It seemed to him a great wonder that such a state of things could take place. He considered it an anomaly, and was personally under many obligations to Dr. Rochester for bringing such an interesting case to his attention, and thought the society would coincide with him in thanking Dr. R. for the report.

Dr. HOWE presented a patient upon whom he had performed an operation for enucleation of the eye.

The patient, E. M., was a woman forty years old, who belonged to a healthy family, and who had always been well up to two years before that time; she began to notice a dark colored spot apparently beneath the conjunctiva of the right eye, at its lower and inner portion. This gradually increased in size, and when first examined, on the third of April, the condition presented was as follows: In the lower and internal portion of the right orbit there was a roundish tumor, measuring one and one-eighth inches in horizontal diameter and five-eighths inch vertically. It was dark brown near the base, black at its apex, not tender to touch, had spongy feel, and was somewhat moveable. The lower lid was pushed down and forwards; the globe, up and outwards. The internal and lower quadrant of the cornea was opaque, and the adjacent portion of the sclerotic inflamed. Intraocular changes were slight and vision, one-fifth of normal. Patient had a cachectic appearance, and was losing flesh rapidly. The melanotic nature of the growth was thus made evident, and its removal together with enucleation of the affected globe was decided upon; with the exception of a profuse hæmorrhage, there was nothing unusual about the operation. The wound did not tend to heal readily. Subsequent inflammation was severe, and on the fifth day signs of

the tumor were visible near the former site. The patient was therefore chloroformed again, and the greatest part of the contents of the orbit was removed. The effect of this was more satisfactory. The wound healed readily, and within three weeks was converted into a firm, healthy cicatrix. This appearance it retains until the present time—five months after the operation. The general condition of the patient meanwhile improving much.

The case was a good illustration of many similar ones, in regard to its history and treatment. If left to follow out the usual course, it would, undoubtedly have taken on a more malignant character, and have terminated fatally, nor did a removal of the diseased portion alone suffice to eradicate it. For this reason, some practitioners seeing similar growths return after one such thorough, but unsccessful attempt, are apt to deprecate interference in any form. When, however, the adjacent tissues, though of a healthy appearance, are not spared, then the result is satisfactory.*

A section of the tumor which presented the appearance known as melanotic sarcoma was shown under a demonstrating microscope, and remarks made upon the general characteristics of allied growths.

The president upon motion, appointed a committee to lay out a plan of work for the association, and secure papers for the next meeting. The committee appointed was Drs. Lucien Howe, P. W. Van Peyma and L. F. Harvey.

Dr. Mynter was appointed essayist for the next meeting.

On motion, the association adjourned.

———:o:———

Correspondence.

UPTONVILLE, Sept. 4th, 1877.

Editors Medical Journal:

At the conclusion of my last letter I promised to give you some account of my experience in the care of the pauper population. I now beg to be excused until another time, prefering at this time to detail how some of the medical profession at Uptonville gain

Five months time must be regarded as much too short to determine results. We have known similar disease to remain stationary seven years after removal, yet return to prove fatal at end of eight years. (ED.)

what they call a reputation. And at this point, let me call your attention to the inclosed editorial from the New York *Times*, of of September 9th, which seems to give an exact idea of the situation.

The prevailing idea of reputation seems to be, to have one's name constantly before the public, and hence it is impossible to scan one of our several daily papers without learning that Dr. A, B, C or D has made some wonderful operation upon some one, who, somehow, was the victim of a slight accident, or that Mr. F is rapidly convalescing from his recent severe illness, and thanks to the skill of Dr. K, will soon be about.

I spoke of the medical societies in this place. They too are made instrumental in gaining reputation. A report of a case of whooping-cough is presented by some member, and doubtless, much to his surprise (?) the morning papers announce that Dr.—— "read at the meeting of the Uptonville Pathological Society, last evening, a valuable paper on Pertussis," and the public are accordingly amazed at the exceeding wisdom of the members of said society, and of Dr.—— in particular.

Recently, a case of this mild milk and water method of dodging the code came under my observation. One of our really excellent societies was regaled with a long and verbose article, by Dr. Z, detailing his experience in the use of moon-shine in the treatment of various diseases. Dr. Z's article failed to create any excitement in the society, nor did any of the members think it necessary to point out any of the reader's many erroneous conclusions, all conceded to him the entire right and privilege of employing moon-shine on all occasions, if he could gain any benefit to his patients (or patients to himself) thereby.

You can judge of my surprise, however, when one of my patients asked me in a day or two, if I heard Dr. Z's great lecture before the Medical society the other evening. But I soon learned that Dr. Z's friends were reporting among the laity, the great success he was meeting with in the use of moon-shine, and the wonderful sensation his paper had created among the physicians, who saw, however, but little in the paper, save an advertising dodge.

The younger members of the profession who see those who are

older, and consequently, those to whom they look for example, so eagerly crowding and jostling each other in their haste to gain reputation (notoriety) are a little apt to become discouraged in their endeavor to conform to the exact teachings of the code, and the great wonder is in view of the flaunting success of quackery, that more of the struggling generation of "young doctors" do not fall into the ways of charlatanism.

I beg leave to affix here the article from the *Times*, already alluded to, trusting that some of my medical brethren will be induced to see how out-siders look upon their petty schemes to out-run time, and gain a reputation in advance of experience, and upon insecure foundation of popular notoriety. The editorial is entitled "Dry-Nursing Reputation."

"Reputation, even of a moderate sort, is so desirable to have that it is entirely natural for men to make great and continuous efforts to secure it. It is their misfortune often that they confound reputation and notoriety, and labor for what they conceive to be fame by unbecoming and unremunerative means. In a democracy like ours honors are so much easier and plentier than in an aristocracy that there is always a struggle for them by persons unfit to wear them. A republic, whatever its excellencies, necessarily gives opportunities and encouragement to demagogues and pretenders, which they would not and could not have in a monarchy. Having accomplished a vast deal in a short time, we are prone to be over-eager for results. Many of us are so unhealthfully anxious to separate ourselves from the mass that we do not stop to reflect if the sort of separation we are pretty certain to get is worth the trouble and trick of getting it.

"Notoriety, however cheap, passes with the multitude for reputation, and the man who has gained it calls it by the better name. What he has contrived to get is reputation pure and simple; what many of his fellows have is mere notoriety. This is the true difference between the terms. Whether it be reputation or notoriety, few persons with an itching for it are disposed to let it take its own course. Afraid that it won't grow fast enough, they are ever ready, with all kinds of fertilizers and personal attention, to bring it forward. They force it in every way, and by their ceaseless forcing do it more harm than good, not unfrequently destroying it altogether. The number of men who act as dry-nurses to their own reputation in politics, literature, law, medicine, theology, and even in society, is much greater than the uninitiated suspect. Dry-nursing of this eccentric variety is so widely, diligently, regularly, and skillfully practiced that it well-nigh deserves to be

ranked as a profession. The profession is not avowed, however; it could not be without interfering with its own success.

"The popular notion is that any sort of reputation is got without the least agency or co-operation of the getter. This man or that woman does something, and the doing is so remarkable and weighty that it attracts public attention, and is duly chronicled by the press. Very often, generally perhaps, the notion is correct; but there are many cases in which it is wholly false. Members of the dry-nurse class have not sufficient faith in public or even in private appreciation. Even before they have delivered themselves of some mighty effort they are industrious in telling the proper persons how mighty the effort is to be, and of discoving the most efficient means of self-advertising. After they have delivered themselves they move heaven and earth to insure ample notice of their performance; and though they may fail partially they seldom fail entirely. Exertion, whether in a noble or ignoble cause, is always fruitful.

* * * * * * *

"Very ordinary arguments of many a lawyer have been put forward as matchless forensic efforts through persistent manipulation of his own. Judges' decisions that were weak, partial, and unsustained by precedent have been lauded and their lofty integrity commended, because they had been permitted to judge the Judge. Easy operations or accidental recoveries are made to appear as extraordinary evidences of surgical or medical skill, for no other reason than that the physician has a chance to tell his own story, and tells it so much more skillfully than he makes his diagnosis. He proves himself not only a learned gentleman, who amuses the patient while Nature performs the cure; he demonstrates his talent at hiding facts and presenting fiction in their light. Clergymen have been known to disseminate self-complimentary paragraphs of their own composition among reporters, and yet entertain and reiterate the belief that genuine ability must make its way, independent of encouragement or appreciation. There are dry-nurses to reputation in all callings; but the reputations which need dry-nurses never last. A reputation that is worth anything, that has any sound foundation, must be nourished at the fount of Nature."

I wish every quack, either public or secret, could read and digest those lines.

I have already exceeded my limits, and hence draw to a close.

Yours, NIL DESPERANDUM.

MISCELLANEOUS.

Women in the Profession.

A. J. HOWE, M. D.

Upon this movement the *Medical Times and Gazette* says editorially: "we hold that, as women are bent on taking up medicine as a specially suitable and desirable vocation, notwithstanding all the experience, the advice, and warning to the contrary,—and as Parliament has in its wisdom decided that, so far as the laws are concerned, women shall have their wish in this respect,—it is neither wise, politic, nor expedient to place or leave in their path any unusual difficulties. We have now nothing more to say against their working out the experiment they are bent upon, except that we fear and believe they are making a pitiable mistake. We can not honestly congratulate the women on their victory, for we hold that it must lead to disappointment and disaster. Many women may very probably succeed in entering the ranks of the profession, and here and there one or two may obtain such success as will repay them, and justify their choice of the medical profession as a life career. But for the great majority we can but fear that only disappointment and failure await them, either before, or, still worse, after their mere student-days; and it is surely a melancholy thing to watch an experiment that we believe must in a very large proportion if not in a vast majority of instances, end in wasted means, wasted years, and blighted hopes. The women, however, will not be content without trying such an experiment, and it seems to be decreed that they shall have their wish."

While I am here to plead the rights of woman in the profession, I will take the opportunity to remark that proper restraints should be exercised by those who conduct the matriculation of women in our medical colleges. The age of applicants should be mature, and the literary qualifications respectable, or equal to the average of males who enter medical colleges. There is no place in the profession for the Dr. Mary Walkers, and such characters as seek notoriety at the expense of decency. As a general thing maidens and widows of moderate means will constitute a large proportion of those who desire to enter our medical colleges, the object of such being to better their pecuniary condition. It is unreasonable to suppose that the marriageable daughters of well-to-do families will sacrifice their chances in the matrimonial lottery for the less atttractive career of female physicians. If we are to admit women to the medical profession, we would prefer the very best of the sex, but not many such can we hope to obtain. Occasionally a woman

brought up in wealth and refinement will, under a frenzied zeal to do good in the world, choose the study and practice of medicine as a vocation, and pursue it with the ardor peculiar to her nature; but such constitute an exception to the rule. And, unfortunately for the cause, quite a number have passed through our medical schools who do not possess a creditable education in English studies, and who were too weak minded to master the great truths and principles of medicine. They have barely squeezed through a loosely conducted examination, and entered upon a professional career where a vigorous rivalry starves the incompetent. They are looked upon with pity—a quality which does not furnish a doctor with patronage. A practitioner must possess qualities which inspire respect and admiration in order to be successful. A female physician may act as nurse, and command the attention of the best families. but unless she possess unusual tact and talents, she can not become their medical adviser. A physician never reaches the inner courts of the best people, unless he be equal to the best in mental and social qualities. A female physician of culture and lady-like manners, espeially if she has sprung from one of the "first families," may easily command a desirable patronage.

Female physicians are generally too impulsive in their nature, to patiently wait year after year for a lucrative practice. They desire to carry the world by storm, and pocket great fees before they have earned the right to the rewards of persevering labor. A young female graduate once remarked in my presence, that if she could not make a fortune out of medicine in five years, and take a trip to Europe, she would give up the profession in disgust. How often it is that a medical man of more than average ability does not obtain a lucrative practice until he is fifty years old. If a woman entered the profession at thirty, would she be willing to trudge along for twenty years without securing a paying practice? I am afraid the less resolute and persevering of female practitioners would get discouraged before that time, and conclude they had mistaken their calling. I know that I shall be accused of presenting the dark side of the theme under discussion, yet those determined to enter the profession as female physicians will in time thank me for it.

It has been a question whether the average woman possesses the physical ability to practice medicine in town and country; but as the physique of males is not taken into consideration when they matriculate, some being smaller and weaker than the average woman, no sound argument on the subject can be sustained. Some women are powerful enough to drive a Concord coach over the rough roads of the Rocky Mountains. It is not expected that slim, slight, and slender girls of "sweet sixteen" are going to engage in the study and practice of medicine, but the physically and mentally strong. No woman who is below the average of her sex should receive any encouragement to enter the medical profession. Should

any such attempt the career, they would surely and signally fail. If any man in the profession thinks that he is superior to the average woman—and there are plenty of such—it would be cowardly in him to fear the result of competition with female practitioners. If he be as much superior as he claims to be, he can afford to be generous towards her, even to the lending of a helping hand.

A school for nurses has just been opened in Paris. In this institution the instruction is imparted gratuitously, and generally in the evening when young women designing to become expert nurses can spend their time in learning without retrenching their incomes from daily labor. The teaching is conducted by young physicians and competent nurses; and diplomas are to be conferred upon such pupils as pursue these studies until fitted to nurse the sick. Of this movement the *Gazette Hebdomadaire* says: "This new institution responds to a real want. Let us have *instructed* nurses by all means, but instructed strictly in relation to the nature of the duties which ought to be demanded of them. God preserve us from *knowing* nurses, who have their opinions in medicine, even when only elementary, and their minds made up concerning hygienic measures! There are already too many of this sort: but intelligent and trained nurses are always needed to execute the commands of the physician."

In America women take up nursing as a means of earning a living, and never think that a course of instruction is needed to make them experts. If we had schools for the education of nurses, and statutory powers to grant degrees, I believe it would be better for those engaged in the calling, for a diploma would be a certificate which would pass as a guarantee of competency. In this country we have too many persons seeking skilled labor who have never served an apprenticeship; too many poor mechanics, and not enough good ones; too many shabbily educated doctors, and too few physicians of the highest order of talent; too many slatternly nurses, and a meager supply of those who have been through a system of training. Let some of those women who are desirous of benefiting the sick, and think there is no other way to accomplish the object except to become physicians, contemplate the feasibility of making themselves competent and reputable nurses.

In conclusion, I would respectfully ask those women who desire to enter the medical profession, if they realize the difficulties which beset their path; and if they would be content with a moderate and reasonable degree of success? I am glad that I have no sister who is ambitious to study medicine, but if I had, I would lend her a helping hand. If a woman intensely desires to become a physician, in the name of justice and equality let her have a fair chance to display her energies in acquiring a suitable education to enable her to efficiently execute her purpose. Perhaps she will not offer herself as a soliciter of professional patronage after she has secured medical honors. Many who have studied med-

icine do not practice what they have learned, but all such admit that what knowledge they have thus acquired is a source of pleasure and comfort to them.

The late Miss Harriet Martineau, in her Autobiography, which is now very eagerly read, expresses herself quite clearly upon the topic under discussion. She says: "Often as I am appealed to to speak or otherwise assist in the promotion of the cause of woman, my answer is always the same—that women, like men, can obtain whatever they show themselves fit for. Let them be educated,—let their powers be cultivated to the extent for which the means are already provided, and all is wanted or ought to be desired will follow of course. Whatever a woman proves herself able to do, society will be thankful to see her do,—just as if she were a man. If she is scientific, science will welcome her as it has welcomed every woman so qualified. I believe no scientific woman complains of wrongs."—*Eclectic Medical Journal.*

———:o:———

SPONTANEOUS REDUCTION OF INVERTED UTERUS.—Was called to attend Mrs. S. in her third labor. The first confinement had taken place about six years previously, and had been attended with some complication, which I subsequently learned was complete inversion, and which was reduced readily by the attending physician. Was called to her in her second labor, to deliver a retained placenta; no inversion: This (her third) labor was short and easy. Five minutes after, however, "flooding" commenced; and being driven to the necessity of removing speedily the placenta, found a pyriform tumor projecting through the dilated os into the vagina, with a considerable portion of the placenta adhering closely to one side of its surface. Removing the attachment by careful manipulation, I immediately plugged up the unoccupied portion with a wad of linen cloth, so imminent was the danger from exhaustion. Tampon removed in an hour's time without further hemorrhage. No attempt at reduction was deemed prudent till next morning, both on account of the extreme prostration of the patient, and the lack of medical assistance. The next morning the tumor still remained unchanged; patient having rallied under appropriate treatment. Prolonged attempts at immediate reduction were made by Dr. Lartigue and myself. so constricted were the muscles of the neck and the body so contracted, that they proved abortive, and were abandoned, with the intention of shortly renewing them. In the interim, I ordered White's uterine repositor.

The instrument not arriving for several days, the delay in making another trial was longer than was desired. The patient in the mean time progressed favorably; but slight febrile symptoms, no tenderness over uterine region; in short, expressed herself as doing as well as could be expected, or as well as at any previous confine-

ment; and, to my disappointment, obstinately refused any further interference, not even allowing the modest request of a vaginal examination, assuring me, however, if she could not do without assistance I should be informed of the fact. About the middle of May—two months afterwards—she consented to a vaginal examination, which revealed a complete restoration of the uterus to its original position.—*Obstetrical Journal.*

———:o:———

Infant Mortality and Infants' Food.

The summer mortality from diarrhœal diseases, according to Dr. Baginsky, has quadrupled in Berlin during the past twenty years; no other cause of death has presented such a marked increase. In seeking for the cause of this mortality, Dr. B. made a series of experiments concerning the comparative merits of the articles of diet which are ordinarily allowed to infants. He experimented with human milk, cow's milk, condensed milk (Swiss), two varieties of farinaceous food, and two specimens of "prepared" infants' food. Each of these articles was exposed to a temperature of 67° for a period of twenty-four hours; he found that the human milk and that from the cow remained almost unchanged, but the Swiss milk and the other foods, although still appearing fresh and wholesome, yet exhibited bacteria in active motion. The reaction of the human milk was alkaline; the cow's milk slightly acid; the foods were strongly acid. After a further exposure of eighteen hours, the Swiss and cow's milk were found to be coagulated, while the four foods were in a high state of putrefaction. The human milk, however, still remained alkaline and almost unchanged. These experiments are interesting as vindicating the high estimation in which the human milk is held; but their great lesson is the necessity of guarding the substitute-food from the putrefactive changes which are set up so rapidly in our hot season. Our summer mean temperature, in 1874, was fully 7° higher than that chosen by Baginsky for his observations. Nicer tests must be applied to infants' foods, including those for acidity and microzymes. The relations of bacteria to cholera infantum have not yet been demonstrated, but their evil influence is suspected. Their coincidence with diarrhœal mortality in the tenement-house district is noteworthy, if we can rely upon the statements of those who state that the air of tenements is polluted, not only by causes from without, such as filthy streets and gutters, but by the very walls and appurtenances within them, which reek with low forms of life in the hot season. Their collected filth then takes on an unseen life and activity, putrefactive germs increase and multiply, float in the air, and, no doubt, attach them-

selves to, and contaminate the articles of food and drink which lie exposed. So that the increased care with reference to the covering of food, and the keeping of it at a low temperature, assumes a new importance in those sections which Dr. Elisha Harris has styled the "*pauvres faubourgs*" of our cities.—*Proceedings of the Medical Society of the County of Kings.*

———o:———

The Comparative Action of Quinia, Cinchona and Cinchonidia.

MM. Laborde and Dupuis recently made a report on the physiological action of these drugs to the Societé de Biologie. These experiments were made upon dogs, and the results are published in *La Tribune Médicale* for the seventeenth of June last. Since cinchonidia is now being so largely used in place of quinia, these experiments will prove interesting to the readers of the *Monthly.*

The amounts of the different drugs used were about 15 grains of quinine and about 12 grains of each of the other articles—cinchonine and cinchonidine.

The dog who received a hypodermic injection of 15 grains of quinine, at the end of half an hour was in a stupefied condition, and there was a very marked loss of general sensibility, and soon afterwards there was complete anæsthesia. The second dog, who had received the hypodermic injection of 12 grains of cinchonine, after certain prodromic symptoms, which consisted in restlessness and a wild expression, and also some spasmodic twitches, such as are produced by electricity, suddenly "uttered a cry," followed by two or three other sounds of a similar character, and then fell to the ground and had a generalized tonic convulsion, attended by foaming at the mouth and the involuntary discharge of urine. Upon this followed a period marked by clonic convulsions and stertorous breathing. M. Laborde says there could not have been a more distinctly marked attack of epilepsy. These attacks passed off in a short time, to be repeated at intervals for some hours, and it was noteworthy that they were readily brought on by peripheral excitation.

The third dog, who had received about 12 grains of cinchonidine by hypodermic injection, after a prodromic period marked by trembling very similar to that of paralysis agitans, was taken with an epileptic attack similar in all respects to the one we have just described, except that it was a less violent.

The result of these experiments show the propriety of caution when giving large doses of cinchona and cinchonida in place of quinine.—*Virginia Medical Monthly.*

Medical Reform.

The Boston Journal opens its semi-annual mouth. It doesn't like the College association; rather scorns it, in fact. In the weary waste of ignorance which floods the medical educational world it spies but a small bit of an olive-branch Philadelphiawards. It is a pity that the Boston Journal does not mix more with its fellows. It would then gain something of a human heart, and probably take a wiser view of medical affairs. The individual reform in the schools of which it speaks, upon which only it thinks solid success can rest, is no doubt an excellent thing. Harvard is the only school, however, which as yet has succeeded with it; and that after how many years of struggle! We mistake if any thing great comes out of a movement in the University of Pennsylvania. Philadelphia is not the most favorable soil for the higher education. With all its wealth, the counter has ten times greater attraction for its young men than has the class-room. The "University," in letters at least, has not amounted to much. It has too many "college-men" in jackets. The Girard institution, too, smacks not only of yellow soap, but of infidelity. The fame of the University of Pennsylvania in medicine was gained under the old regime.

While individual reform is making its necessarily slow progress, there is a great mass of humanity which the College Association can affect speedily. Even if it do not go to the bottom of affairs, it can do much by its widespread influence. It deserves a hearty support; and people occupying the "higher planes" will make themselves a great deal more agreeable if they will accord this.—*Louisville Med. News.*

———:o:———

Dangerous Vinegar.

The Board of Health of the District of Columbia has condemned five car-loads of vinegar sent there from Chicago, on the ground that it is not a genuine article, and is injurious to health. An analysis of the so-called vinegar has been made. It appears, according to the report of the Board of Health, that the vinegar contains $54\frac{56}{100}$ grains per gallon of anhydrous sulphuric acid, combined with lime, to form a sulphate of lime equivalent to $117\frac{26}{100}$ grains of gypsum per gallon, and besides that, five grains of free sulphuric acid per gallon. The Board also reports that this sample was taken from an invoice of more than 1,000 barrels brought there to be sold as vinegar, and that it is likely to find a ready sale on account of its low price. The report concludes as follows: "When we think that oil of vitriol (sulphuric acid) can be bought for five cents per pound, and that a pound of said acid would ren-

der a barrel of fluid as acid as the strongest vinegar, the wonder will cease that it is sold cheap. This, therefore, is a fraud upon commerce, and a dangerous substitute for vinegar." The fraud and danger are more general than the great mass of people will readily believe. It is asserted that probably one-half the vinegar sold at city groceries is a rank poison, with either sulphuric or other objectional acids for its base.—*Med. and Surgical Reporter.*

———:o:———

Professor Huxley on the Anti-Vivisectionists.

In a recent address relating to the law prohibiting vivisection for scientific purposes, lately passed in England, Professor Huxley summed up the whole contradictoriness of the situation as it had all along been seen by liberal and sensible men. "I think it my duty," says the Professor, "to express my regret at a condition of the law which permits a boy to troll for pike, or set lines with live frog bait for amusement; and, at the same time, lays the teacher of that boy open to the penalty of fine and imprisonment if he uses the same animal for the purpose of exhibiting one of the most beautiful and instructive of physiological spectacles, the circulation in the web of the foot. The first offender says, 'I did it because I find fishing very amusing,' and the magistrate bids him depart in peace. The second pleads, 'I want to impress a scientific truth, with a distinctness attainable in no other way, on the minds of my scholars,' and the magistrate fines him £5." The illustration is a homely one, but it exactly expresses the facts in the case, and it seems hardly possible that the anomaly will be permitted to much longer stand in British law. If it should so remain, our English cousins must be content to be open to the charge of neglecting important means of education on a very insufficient plea.—*Medical and Surgical Reporter.*

———:o:———

Influence of Alcohol.

General Paresis.—By facts ascertained regarding patients in asylums, the belief as to the influence of alcoholic intemperance as an active cause, is strongly sustained. In one hundred and fifty-five patient, one hundred and sixteen gave a history of habitual intemperance, while all but ten claim the designation of moderate drinkers. . . . The question arises whether insanity does not precede the drunkenness or lead to it, and not the reverse order of procedure.

Dr. McDonald, *American Journal of Insanity.*

Hay Fever.

A gentleman who has made four journeys to Egypt and Palestine writes us as follows: "I have had occasion to try the Racquette Lake region for hay fever; have been there several times with good results. But Palestine or Egypt is much better. The good effect lasts seveaal years in my case. I consider that it is due to open-air life, under a tent, in a very dry climate, or on the desert." If this experience is not an exceptional one, it will tend still further to mystify our notions of the causation and treatment of this already sufficiently mysterious malady.

The last Report of the Hay Fever Association (F. B. Fay, Chelsea, Mass., Secretary), printed in June of this year, and just received, states that the nitrate of amyl was used last year by a few patients, with no little benefit. Inhalations of the amyl are taken directly from the bottle. The bromides are named, along with forty other prescriptions and drugs. The vapor of chloral hydrate has also been recently recommended; but no results have been published of its trial.—*Proceedings of the Medical Society of the County of Kings.*

———:o:———

Prof. Alpheus B. Crosby, Professor of Anatomy in Bellevue Hospital Medical College, died from apoplexy, at his country seat, Hanover, N. H., on August 10th. He was born in Gilmington, N. H., in 1832, and was, consequently at the time of his death, forty-five years of age. He received his academic and medical education at Dartmouth College, and shortly after graduation was appointed lecturer, and afterwards Professor of anatomy in that school. In 1871 he was appointed Professor in the Long Island Medical College, and shortly afterwards was elected to the chair of anatomy in the Bellevue Hospital Medical College, which position is made vacant by his death. During the war Dr. Crosby served as surgeon in a New Hampshire regiment, and while stationed in Virginia met his wife, Miss Mildred Smith of Virginia, who with three children survives him. His reputation as a teacher and surgeon, although deservedly great, was scarcely equal to his social popularity, for he was one of the most genial of men. His death will be learned with great regret by all who knew him.—*Maryland Medical Journal.*

———:o:———

Opium Antidotes.

Dr. J. B. Mattison, of Brooklyn, has done good service in exposing some of the numerous *opium antidote quacks*, who are advertising largely. He shows that all their antidotes are composed of morphia in gradated doses.

DR. TALIAFERRO, of Atlanta, publishes in the Richmond and Louisville Magazine for August a long article upon stem-pessaries, wherein the subject is quite well set forth. The occasion for the paper was a criticism which appeared in the LOUISVILLE MEDICAL NEWS (May 26th) on Dr. Taliaferro's stem-pessary. It may be remembered that the peculiarity of this instrument was its archaic simplicity, and one being able to fashion it, and the fact that it was to be stitched *in situ*. We admire Da. Taliaferro's industry, as displayed in the list of authorities presented on the main subject of stem-pessaries, and we acknowledge the courtesy shown us in not muffling *our* heads with the mantle of his contempt. We might have wished that he had said more concerning his own invention, which was the only point at issue, simply that we might transcribe the same for the benefit of our readers. Personally, the wood-cut given of the Taliaferro stem-pessary is amply satisfactory. We can see at a glance now how unjust was the criticism, as this shows Dr. Taliaferro simply wishes to insert a concern which looks like the Bunker Hill Monument into the cervical canal, and hold it there with a few guy-ropes passed through the uterine walls. We had feared he intended to be rough.—*Louisville Medical News.*

———:o:———

A DANGER TO BE AVOIDED.—A physician in Canada ordered *Hyd. Chlor.* in a prescription, which was an unpardonable blunder. The compounder put up Corrosive Sublimate, which was worse than a blunder. The patient, a lady, had a narrow escape, her life being saved by vomiting almost immediately on swallowing the poison. Again and again, while writing prescriptions containing that agent, the danger of such an error has presented to our mind. The rule should be religously observed never to abbreviate the words, but always to write in full—*Hydratis chlorali*, otherwise to put it in plain English.—*Cincinnati Medical News.*

———:o:———

EDITORIAL.

Education.

The questions involved in the education of the young in all departments are important ones, and physicians are expected to take a lively interest in them, and be able to advise their friends and the public generally what is truth and what is error. The physician is now being often asked. Does going to school endanger our children's eyes? "Will it make them near-sighted?" If we say yes, or even say there is *danger*, we have pronounced our schools the most intolerable nuisance in the world. If we say no, they

present some Ophthalmic Surgeons' report of the number of Myopes in the school, not understanding the object and intention of the report, not understanding that it is for the specialists notoriety rather than the expression of a well settled principle.

That prolonged use of the eye upon small objects, in young children in school *or out of school,* may have influence upon the form of the globe, and in some cases produce Myopia seem probable, but that school-desks, school-light or other conditions of school-life, produce deviations in the form of the globe not found elsewhere, is in our opinion highly improbable.

That one child should have myopia, and another hypermetropia, conditions exactly the reverse of each other from the same cause, cannot be accepted as philosophical. It is certain that young students are often myopic, born myopic, they are so before attending school, and often in still greater degree after they have completed student life, that the same conditions are to be found in those who have never attended school--whose early education has been obtained out of school, or even neglected altogether. If there is manifest defect in school light, desk or other condition, it will be found easier to remedy it than to correct the abnormal refraction of the eye or the evil and inconvenience of ignorance, and general neglect of school-life. In directing the course of study, many mistakes are constantly made. If the discovery that our school-children are near-sighted in alarming frequency, shows anything at all, it would seem to point to a general truth pretty well understood, that children are too early sent to the school-room, and too closely confined to it. Public sentiment and law should prevent parents from gratifying their pride and foolishness by sending children to school before they are of proper age. Commendable efforts are already inaugurated in some cities, and states, for preventing this cruelty to children, and it is greatly to be hoped it will soon become universal.

We are ready to admit, that too early and too prolonged use of the eye upon minute objects, fine type for instance, is adequate cause of myopia, but we cannot see how it should in some cases produce lengthening of the globe of the eye, and in others shortening. It is however, difficult to determine what the influence of school-life is upon school children, and to distinguish those effects which may be fairly attributed to life inside the school-room from those which are reasonably to be assigned to conditions outside the school-room.

Cohen many years ago, published very instructive reports of the condition of the eyes of the children, both in Breslau and the surrounding villages, showing that children in the village schools had myopia early, in not more than two per cent. and this he regarded as the normal condition. Schools as they advanced in grade afforded a progressive near-sightedness among the pupils until the University was reached, when he found a fearful frequency, one half being myopic.

Others have imitated Cohen, of Breslau, and American cities and villages have been brought under tribute for statistics, until now we are believed by the public to have such light, or desks, or type in our schools as to cause near-sightedness in alarming frequency, Cohen, in Germany, and distinguished Ophthalmologists everywhere pointing out our schools as causing near-sightedness, and at the same time pointing out their own accurate knowedge of the laws of refraction and accommodation to all thoughtful parents through the medium of the children of the common schools. The influence of school life, if injurious to our children, is most certainly to be pointed out, since no wise or humane parent would continue his child in school, when once informed and made to believe that it in any way endangered the organ of vision. Convince the public of this, and common schools will be no longer popular or even tolerable.

———:o:———

We welcome to the list of monthly medical periodicals the *New Orleans Medical and Surgical Journal*, which has hitherto been issued bi-monthly. Dr. S. M. Bemiss, formerly sole editor, has associated with himself Drs. W. H. Watkins and G. K. Pratt, as editors and proprietors. The first number as a monthly appeared for September. This will be a welcome change to the patrons of the Journal.

———:o:———

Lindsay & Blackiston are out with "Physician's Visiting List for 1878." They have been obliged to put it forth thus early in the season on account of the great demand for it. They also deserve much praise in that they have reduced the price of many of their books to 'suit the times.' We have received their classified list of recent and standard medical works which is worthy of the attention of the profession. It is to be had upon application.

———:o:———

Mr. J. H. Matteson, General Agent for Western New York, Western Pennsylvania, Michigan and Wisconsin, of Ziemssen's Cyclopædia of the Practice of Medicine, has removed his place of business from 271 to 365 Main St., at the bookstore of Herger & Ulbrich. If you have not already the numbers issued, go immediately and contract for them. The remaining numbers will be published at short intervals until the set is complete. Mr. Matteson is also agent for other standard medical works.

———:o:———

The Transactions of the Association of the Alumni and Officers of the Medical Department of the University of Buffalo, is now to be had upon application from Dr. E. N. Brush, 65 Ellicott St. Every graduate of the College should immediately send for one. The price of the volume in paper covers has been fixed at fifty cents, in boards at one dollar.

NAPHEYS' THERAPEUTICS.—Already the edition of this work which was published at the commencement of the present year is *entirely exhausted.* No higher testimony to its worth could be given. It recommends itself at once to every physician who sees it. As was remarked by a New York *Medical Record:* "As a handbook of Therapeutics, pure and simple, it is invaluable to every practicing physician;" and the reason was well stated by the *American Medical Bi-weekly:* "In no work can the practitioner learn so easily as in this one the favorite medicines used in treating diseases, and the best methods of compounding them." A new edition (the *fifth*) is in active preparation.

———:o:———

Books Reviewed.

Cyclopædia of the Practice of Medicine. Edited by DR. H. VON ZIEMSSEN, Professor of Clinical Medicine in Munich, Bavaria. Vol. VIII. Diseases of the Chylopœtic System. New York: Wm. Wood & Co., 1876.

Diseases of the Naso-Pharyngeal cavity and pharynx are treated of by Prof. Hermann Wendt, of Leipsic, translated by J. Solis Cohn, M. D., of Philadelphia, in that exhaustive and philosophical manner so peculiar to the German intellect. The remarks upon the general anatomy of the regions is short but condensed and sufficient for a clear understanding of their relations and natural appearance, while the remainder of the article is full of interest.

Prof. W. Leube, of Jena, presents the diseases of the stomach and intestines, translated by Arthur Van Harlingen, M. D., and A. B. Ball, M. D. Dr. O. Leichtenstern, of Tubingen, writes up constrictions, occlusions and displacements of the intestines, which is translated by Lewis A. Stimson, M. D. Prof. Arnold Heller, of Kiel, treats of intestinal parasites; Dr. H. von Ziemssen, diseases of the larynx; and Dr. A. Steffen, of Stettin, spasm of the Glottis, which were translated by A. V. Macan, M. D., and E. W. Schauffler.

The subject of occlusion of the intestines, being one of interest at the present moment, on account of a recent case to which the attention of the profession has been called, see Art. II, we read with care the article by Dr. Lichtenstern, but were unable to find an account of any similar case. We were struck, however, with the lucid and thoroughly scientific manner in which the pathology and diagnosis of the various lesions of the intestines have been presented. It is a masterly essay on a subject of much interest to the profession, and although the treatment is so often unsatisfactory, even

when diagnosis is sure, yet we must ever welcome anything which may be called an addition to our knowledge of the obscure.

Prof. Heller's article on intestinal parasites is readable and of considerable importance. The natural history of the various parasites are given, together with the history of their discovery. The ovum and complete animal is truthfully shown by many illustrations. Dr. von Ziemssen is to be congratulated upon the manner in which he handles diseases of the larynx. This interesting subject is most exhaustively treated by the learned doctor, while the illustrations are such that salient points are easily grasped, especially in his description of the neuroses of the larynx. In regard to treatment of neuroses he very highly recommends electricity. He says: "The action of localized electricity is sometimes most brilliant, especially in hysterial paresis of tension. The aphonia, which may, perhaps, have lasted for months, not unfrequently disappears during the first sessions, and the normal voice takes its place. The spectacle, which strikes the layman as almost miraculous, of a hysterical patient, who for a long time has been quite voiceless, speaking only in a whisper, leaving the physician's consulting-room or electricity-room with a loud, ringing voice, is neither rare or difficult to understand." He, however, goes on to say that unfortunately the first result is not lasting, and frequent relapses often causes the treatment to drag along for months. Yet he seems to think it will succeed if anything is of use, always, unless the nerve lesions are intense. Perhaps we are skeptical, still, we cannot so entirely rely upon electricity as many others, and only hope for cure in a part, not in every case. The translator's note upon the use of the electric current in these cases, is of much practical importance if one would wish to follow Ziemssen.

On the whole, this volume is one that will increase the value of the series, and will be read with much interest. C.

Transactions of the American Gynæcological Society. Volume I. For the Year 1876. Boston: H. O. Houghton & Co. 1877. Buffalo: Peter Paul & Bro.

The American Gynæcological Society was organized on the third of June 1876, with an original fellowship of thirty-nine. The first annual meeting of the Society was held on the 13th, 14th and 15th of Sept. 1876, in New York City and the volume of Transactions now before us is the result of the meeting. The annual address by the President of the Society, Dr. Fordyce Barker of New York, is a thoughtful and concise statement of the objects to which the Society should devote itself and the mode in which its proceedings should be conducted. From a hasty review of the history of obstetric and gynæcic literature during the last century he makes a favorable and hopeful

prediction of the advances which should be made in the coming one. With increased and rapid means of intercommunication science becomes cosmopolitan, and he predicts that soon in Obstetrics those who call themselves the followers of any one school as the English, the French or the German will be, as they are rapidly becoming, unknown.

The next article in order is by Dr. Thomas Addis Emmet upon the Etiology of Uterine Flexures, with the Proper mode of Treatment Indicated. Dr. Emmet's operation is familiar to all of our readers and most of them are doubtless familiar with the paper by Dr. Peaslee in which he took issue with Dr. Emmet upon this very subject. Dr. Emmet's division of the cervix uteri for the relief of dysmenorrhœa dependent upon flexions is made with scissors. In the discussion which followed there was somewhat of a tendency we think to be a little conserative and refrain from extensive division of the cervix. We can imagine and and readily call to mind cases in which Dr. Emmet's long and deep cut would have a tendency to shorten the cervix, open up the cervical canal and accomplish in this manner the desired end, but there are however, many we think a majority of cases, in which a less radical operation would be of equal value. The paper is full of carefully collected statistics and valuable facts and deserves a careful and considerate study. We cannot at this time give all the papers such notice as we would desire; we can only notice some of them by title reserving any particular notice for the more important ones. Following Dr. Emmet's is a paper by Dr. Skene of Brooklyn upon cicatraces of the vagina and cervix uteri. Dr. Battey of Georgia follows with an article upon Extirpation of the functionally active Ovaries for the remedy of otherwise incurable disease. Dr. Battey proposes in the paper an operatian so radical that it deserves if for no other reason some notice. His operation has been before the public for some time under the name of Normal Ovariotomy. An unfortunate name we think, for neither is the operation normal nor is it for the removal of the normal ovary if the ovary removed is the cause of the "otherwise incurable disease."

Dr. Battey has made ten operations of this kind with the following results:—Two have died. Case one both ovaries removed, decrease of pain and other symptoms to total disappearance increased strength and weight. Has uterine hemorrhages appearing at irregular intervals and lasting from two to five weeks, sometimes exhausting. Case two, one ovary removed, pain relieved but subsequently appeared in right ovary which enlarged. Case three both removed; success; no appearance of hemorrhage. Case four. One ovary removed, relief of pain so great that she wishes other extirpated. Case five. One removed pain appeared in other ovary which was removed. Case six. Both ovaries removed. Died. Case seven, Both ovaries removed, result perfect. Case eight, Both removed result unsatisfactory. Case nine, same as case five second ovary removed but with unsatisfactory result. Case ten. Both removed. Died. In all but the first case the operation was made

through the vaginal cul-de- sac. The discussion upon Dr. Battey's paper was postponed until the meeting in 1877.

Following were papers by Dr. J. Matthews Duncan upon Central rupture of the perniæum; by Dr. E. W. Jenks upon Vibrum Prunifolium in the treatment of Diseases of Women; by Dr. Parvin, An Illustration of Xenomenia; by Dr. Robert Barnes on the Relations of Pregnancy to General Pathology, an exceedingly interesting and suggestive paper. A paper by Dr. Wm. H. Byford upon the Spontaneous and Artificial Destruction and Expulsion of Fibrous Tumors of the Uteras.

We find at this point that we are exceeding our space and hence shall have to omit all mention of the other valuable papers presented which were twelve in number together with a graceful and carefully prepared Memoir of Gustav Simon, prepared by Dr. Munde. The memoir is accompanied by a finely executed steel plate of the eminent surgeon.

The volume is an example of what the Transactions of Medical Societies should be, and we predict that if it continues as it has commenced that the Gynæcological Society will be the model which other and older organizations will be compelled to follow. B.

Atlas of Skin Diseases. Part II. Acne rosacea, Ichthyosis, Tinea vesicolor, Sycosis non-parasitica. By Louis A. Duhring, M. D. Philadelphia: J. B. Lippincott & Co., 1877.

It is now about a year since we had occasion to notice Dr. Duhring's Atlas. We predicted at the time that the subsequent numbers would fully bear out the promise of excellence indicated by the first part; nor are we disappointed, on the contrary we are again surprised at the exactness with which the artist under Dr. Duhring's skillful direction has succeeded in counterfeiting nature. Some little difficulty has been experienced in printing and hence the delay in the appearance of Part II, but we are informed that subsequent numbers will appear promptly. The delay can be easily overlooked when we consider the care that has been expended in producing the plates in this number.

Plate I. Acne rosacea represents a severe form of that affection, more so in fact than is usually met with but it is, nevertheless, true to life. The enlarged capillaries and generally congested condition of the skin are well represented. The appearance of the comedones is well shown. The letter press accompanying the plate is concise and excellently clear, the treatment recommended is such as will in most cases meet with success. It will of course have to be modified to suit individual cases.

Plate II. Represents most excellently Ichthyosis, the appearance of the skin is excellently drawn and especially fine representation is made of the thickened and hardened appearance so frequently noticed at the elbows and knees.

In Plate III, Tinea vesicolor or what is frequently called liver spots by non-professional people is represented. The author in the letter press warns the readers against confounding it with liver spots or chloasma and with certain of the syphilitic eruptions. The mistake cannot be made if the physician will call his microscope to his aid for the mycelium and spores are easily discoverable under a power of three hundred diameters.

Plate IV is especially interesting for the reason that it represents a disease, Sycosis non-parasitica, which is so often treated as if due to a parasite and consequently the patient's troubles are but continued and frequently augmented. By carefully studying the text and observing this plate the reader need not make this mistake.

Dr. Duhring's attempt to make an American Atlas of Skin Diseases has certainly been successful as far as excellence and truthfulness of work is concerned, we hope he will be equally successful in receiving the substantial encouragement of the profession. B.

An Elementary Treatise on Diseases of the Skin, for the use of Students and Practitioners. By HENRY G. PIFFARD, A. M., M. D., Prof. of Dermatology, University of New York. With Illustrations. London and New York: Macmillan & Co., 1876. Buffalo: Herger & Ulbrich.

Forty-nine wood cuts and five photo-micrographs embellish and enrich this excellent volume. The photo-micrographs are especially to be commended as life-like and accurate, while the wood cuts are executed in a style that is seldom found in works of this kind, indeed, the typography is unexcelled. As to matter, it is truly modern, an epitome of the latest thought upon the pathology and treatment of skin diseases. The first six chapters are devoted to the consideration of the anatomy, physiology and pathology of the skin; and the symptomatology, diagnosis, and classification of skin diseases. The remainder of the work consists of the history, pathology, diagnosis and treatment of the various diseases as they are approached in the classification. The author makes five classes: 1. Diathetic,—consisting of the syphilides, scrofulides, rheumides, leprosy and ichthyosis. 2. General non-diathetic affections,—eruptive fevers, erysipelas, etc. 3. Reflex affections,—acne, rosacea, etc. 4. Local affection,—parasitic and non-parasitic 5. Affections of uncertain nature, being those which do not arrange themselves under the other classes. In this mode of division he differs from Dr. Bulkley, who makes nine classes: Parasitic, glandular, neurotic, hyperæmic, exudative, hæmorrhagic, hypertrophic, atrophic and new formations; and we must give the latter the credit of the most perfect classification, the diseases falling more naturally under their appropriate head.

The most important and undisputed are placed in large, while the questionable and unimportant, together with all reports of cases, are in small type. Much pains to collect the opinion of others is shown while his own are clearly stated. The language is pure, strong and fluent, and will be found pleasant; altogether we would recommend it to be worthy careful consideration and useful to every physician. C.

Some General Ideas concerning Medical Reform. By DAVID HUNT, M. D. Boston: A. Williams and Company. New York: Wm. Wood and Co., 1877. pp. 50.

This is an essay upon the growth of medicine, with the last few pages devoted to the discussion of the status of the medical profession with the mode of procedure of raising it and more thoroughly educating the applicants for the degree of M. D. The ideas advanced are sound. Hear what he says concerning the aim of medical education: "The truth that the aim of medical education should be in the greater part to form a good observer, and not a well-crammed graduate, needs to be emphasized. It is better to fit the student to select from the mass of medical literature of the day, than to incite him to attempt an acquaintance with it all. To this end, teachers should be critical observers; students learn much by imitating their teachers." And again: "Train our students to observe; select tutors from the world, not from a city or street; let every man in the State or country feel that good work is a sure passport, that nothing else avails; and the results of trained observation will nourish the drooping plant that now causes so much solicitude." The whole pamphlet is well written and will be found entertaining reading. C.

Therapeutic use of Faradaic and Galvanic Currents in the Electro-Thermal Bath with History of Cases. By JUSTIN HAYES, M. D. Chicago: Jansen, McClurg & Co., 1877. pp. 112. Price $1.25.

Our author is confident of the great therapeutical power of electricity, especially when used in the bath. In the preface he says that after almost daily use of the Electro-Thermal Bath for over fifteen years, he concludes: "*I am confident that as an auxiliary in the treatment of diseases of women, it is a boon of greater value than has been discovered during the last fifty years.*" The italics are his own. After a short description of the bath, the general currents in the Electro-Thermal bath, and the manner in which it is to be

used, he devotes the remainder of the work to the report of cases, twenty in number, illustrating nearly every disease that can be benefited by its use. We can recommend this work to those who wish to make use of the bath in the treatment of disease, but for ourselves, cannot entirely agree with the author in the unfailing power of the Electro-Thermal Bath. C.

———:o:———

Books and Pamphlets Received.

Transactions of the College of Physicians of Philadelphia. Volume the Tenth. Third series, Vol. the Third. Philadelphia: Printed for the College. For Sale by Lindsay & Blakiston. 1877.

Transactions of the Kentucky State Medical Society, April, 1877. Louisville, 1877.

Practical Hints on the selection and use of the Microscope. By John Phin. Second Edition. New York: The Industrial Publication Company, 1877.

Hospitals: Their History, Organization and Construction. By W. Gill Wylie, M. D. New York: D. Appleton & Co., 1877. Buffalo: Herger & Ulbrich.

Transactions of the Association of the Alumni and Officers of the Medical Department of the University of Buffalo, for the years 1875-1876-1877.

The Physicians Visiting List for 1878. Lindsay & Blakiston.

The Popular Science Monthly for October.

Excision of the lower end of the Rectum in cases of Cancer. By John B. Roberts, M. D. Reprint from Medical and Surgical Reporter.

Pathology and Treatment of Sprains. By Richard O. Cowling, M. D.

The relations existing between Eczema and Psoriasis. By Robert Campbell, M. D.

Morphia in Childbirth. By W. T. Lusk, M. D.

Veratrum Viride. By Jno. S. Lynch, M. D.

Retarded Dilatation of Os Uteri in Labor. By Albert H. Smith, M. D., Philadelphia.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. NOVEMBER, 1877. No. 4.

Original Communications.

———:o:———

ART. 1.—*Surgical Reports.* By CHARLES A. WALI, B. S.

The cases presented, are taken from the private practice of Prof. JULIUS F. MINER, and will be unaccompanied with remarks other than the views of the writer.

These are not clinical reports of cases brought before a class to illustrate any given disease, but those which occurred in the routine of professional duty; we cannot therefore give the Doctor's ideas upon the various operations, except perhaps in those exceptional cases where we have expressly sought his opinion in order to elaborate remarks upon a particular and interesting case. The reports will only contain those operations which we consider of interest to the profession at large, but no startling cures of extraordinary cases are to be expected; true reports of those actually seen can be relied upon as our aim, and the apology for writing the article.

Sequence as to time is not followed in the order of cases, since this would isolate those which naturally fall together.

SURGERY ANTISEPTIC.—We would first call attention to a case, which, if it had been treated after the manner of Lister, would have been thought proof absolute, of the benefit and surgical necessity of the use of the antiseptic dressing of wounds.

CASE I.—*Incised wound of knee and division of biceps.*—Wm. Baker, about twenty-four years of age, an employé of the Lake Shore R. R., was run over by a car about midnight of March 14th, 1877. He suffered injury of the knee, arm and foot. Dr. Miner found that a bolt or spike had penetrated the knee-joint gouging out a piece of bone from the internal condyle of the right femur and rupturing the ligaments of the joint to a slight extent. The finger could easily be passed beneath the patella. The piece of bone removed from the wound was an irregular cuboid of five-eighths of an inch. It was loose and was removed by the finger. The right arm had been run over, and the outer and posterior portion was badly lacerated, while the biceps had been severed subcutaneously at its middle. It presented two abnormal eminences, with an interval of three inches in which there was no muscular tissue between integument and humerus. Thinking these might be coagulated blood, the lower was cut down upon when healthy muscular tissue was exposed. No lesions of bone or arteries could be found in this region. The right foot had been jammed, the external metatarsal crushed in, or cuboid outwardly displaced, and when first seen greatly swollen. An effort was made to replace these bones but it was found impossible to entirely restore them. This, although seemingly the least important, was the most lasting of all his injuries.

As is the case after most accidents to railroad men, it was found that whisky had been freely administered by his attendants so that he was stupid, and did not seem to suffer to any considerable degree; but however, when upon a second visit some eighteen hours after injury he continued in a quiet, and apparently painless state, the query arose as to whether it was not the result of shock from which he was slow to rally. As time went on it was found that there was no change, and the conclusion was, that he had not been constitutionally affected to any considerable degree; indeed he only took a very few doses of anodyne, and those because he complained of pain in his left leg from one or two places, where the cuticle had been rubbed off.

The dressings were simple, consisting of compresses dipped in warm water and held to their places by a few turns of a bandage.

Whisky was ordered to be poured upon the cloths if the discharge became offensive. This is a favorite mode of dressing with the Doctor, who informs me that after numerous trials of the various methods he has found none affording better results. It is to be especially recommended in all cases where death of a part is to be feared. The warmth of the water acts as a stimulant to the circulation, often retaining life in members to the astonishment of the attending surgeon.

The arm and leg were each placed in a partially flexed position, a pillow being put under the knee. Synovia continued to flow from the wound at knee for a few days, when it healed and no further trouble was experienced. There was no suppuration whatever.

The injury to the anterior portion of the arm caused no trouble, while the lacerated wound on the posterior healed naturally and kindly. At no time was the pulse high or temperature perceptibly increased. I find the following in my note-book. March 15th. He lies quiet and does not complain; is not in pain; wounds look healthy; eats and sleeps as usual. 16th, 17th, and 18th. Remains in same condition as upon 15th; wounds are doing finely; no redness or other signs of inflammation about knee; muscular eminences upon arm not moveable as when first seen. 20th. Complains of cutaneous bruises on left leg, but has no pain in right arm or leg, except in foot upon pressure. 30th. Wound into knee is now completely healed; can flex leg to a great extent; arm nearly well; wishes to go out; moves from bed to lounge and back, with slight assistance. April 6th. Found the patient sitting in an easy chair with foot supported; goes around the house on crutches using two, the right arm doing equal service with left; says he could walk as well as ever if it was not for the trouble his foot gives him; has entire control over leg as to flexion and extension at knee. April 20th. When last seen he had walked over half a mile and had ridden three miles up to the office of Dr. Miner. He had not discarded his crutches since his foot troubled him when he bore his whole weight upon it. His arm was well, save the loss of complete extension, the biceps had shortened in uniting, so that extension was possible only to one hundred and sixty degrees, beyond this it

could not be moved even by use of some force. He was dismissed cured, and soon after resumed work.

Such was the case, and such was the result. What was to be expected. Here was a wound penetrating the synovial sack at knee-joint, rupturing ligaments, and knocking a piece from the articular surface of the femur. The natural sequence is inflammation of the joint surface extending to adjacent structure, then anchylosis if not amputation or death. This is not placing too high an estimate upon the severity of this wound. Hamilton, Holmes and Bryant all agree in calling it one of those cases in which amputation is the only resort in military surgery, and authorized in many cases in private practice. Gross and Erichsen recommend immediately enlarging the wound, since it will be impossible to prevent extended suppuration. The prognosis is always exceedingly unfavorable. Anchylosis is to be hoped for as the best result. The German surgeons by Lister's method, report one-half of these cases cured, with moveable joints. Had this been a surgical wound made under the spray, and afterwards treated by the antiseptic method by a devotee to that idea, how it would have resounded through both old and new world. What more absolute and certain proof of its efficacy; what other case would be needed; is not this enough? Now we only see in it the power nature may in some instances exert in favor of poor humanity even outside of the hobby of some great thinker. To show to what an extent a man may be carried away by an idea of which he is possessed, we will quote Dr. Caldwell, in a communication to the *Chicago Medical Journal and Examiner* upon Mr. Lister and his antiseptic method. After speaking of his removal to King's College, London, he says: "As the school to which he goes is much smaller than the one here, and the number of beds of which he will have charge fewer than those he here controls, some surprise has been expressed by his friends at his accepting his new position. His reply is that he hopes in London, to be able to diffuse more widely his views on the germ theory of the contamination of open wounds after surgical operations."

Lister claims that the reason so many fail in their results, is owing to lack of knowledge or care in attempting to practice anti-

septic surgery, and Dr. C. by an illustration, which the *Louisville Medical News* ironically quotes under the head, "*A Brutal Murder*," shows Lister's views. "To illustrate the extreme care that is necessary in the practice of antiseptic surgery, he related to me the following case. He was opening under the spray a psoas abscess, the result of disease of the spine. His assistant who was working the spray apparatus, becoming annoyed at a student behind him, and kicking at him, allowed the jet of spray for just an instant to be so directed as not to cover the opening he had just made. In great anger the Doctor told his assistant that if that patient died he might consider himself the cause of her death. She did die, and Mr. Lister believes that the misdirection of that jet of spray for the small fraction of a minute was the cause of her death." Can Mr. Lister blame New York surgeons, even if they do as he says, cry 'humbug,' and question if his results are due to his methods. For ourselves it seems nonsense to claim any power for an agent, which destroying septic poison isolated from tissue is unable to affect it when it is even for an instant past in contact with living organization. If it has power, and we do not wish to be understood as denying it, will it not be able to affect as much at one time as another, or does it fail to act if brought within the modifying power of the exposed wound? These are Mr. Lister's views; septic poison is a bird of prey to which carbolic acid is a deadly bolt if shot upon the wing, but woe be unto the patient if it is allowed to settle, for suppuration and death follow in its track. We know that Mr. Lister accounts for this upon the idea that the contaminating germ has penetrated the wound beyond the reach of the spray. We ask, why does not the latter follow and destroy the former? By the method employed the spray is reduced to the magnitude of the germ. Will it not penetrate as far? Mr. Lister answers no, and employs the tissue destroying agent chloride of zinc and annihilates the germ at the expense of living cells.

If Mr. Lister has results more gratifying than other operators they are to be accounted for without giving his disinfectant all the credit. By his manner of procedure, three important objects are attained. First, since every ligature, sponge, knife or forceps is washed in carbolized water immediately before use, they are thus in as

clean and uncontaminated a state as possible. No one can afford to secure new each time, and therefore the next best thing is to thoroughly cleanse the old. Second, his way of operating is careful and scientific. He has caught the right idea, when he says that except in rare cases, all surgical operations should be performed in the most slow and deliberate manner. And lastly, the utmost cleanliness is observed, when the dressings are changed, the wound being washed with carbolized water under carbolic spray. While the carbolic acid may or may not be of use as a destroyer of germs the washing are undoubtedly of great value, simply in freeing the wound of dead or foreign matter. Carbolic acid has its uses since as a disinfectant it is unequalled, but the odor is so unpleasant to some that it cannot be tolerated. Another disinfectant must then be substituted. In cases of unpleasant and disagreeable discharge, nothing is of more value; it must ever retain a high place in the opinion of the profession from this quality; and thus is it of importance no matter what its effects may be upon germ life. Mr. Lister may live to see the day, when the universal verdict will have been pronounced, that carbolic acid, no matter how assiduously used, will not in every case, even under the most favorable circumstances be a guarantee of perfect cure, or assure freedom from suppuration. What mode of dressing wounds can yield better results than those of Alanson, of Liverpool, who in 1779, amputated the thigh 33 times without a single death?

CASE II.—*Compound Fracture within two inches of ankle joint.* April 26th, 1877. Dr. Miner was called to see Mr. S., aged 36, who in jumping from a wagon had fractured both tibia and fibula within two inches of the ankle. Falling as he did upon the inner side of the foot the force had been sufficient to project the tibia through the integument and the side of his shoe. The external maleolus had been fractured and the bone driven down on the side of the tarsus. When seen, the foot lay at right angles to the tibia, which extended through the skin an inch and a half, although the shoe had been previously removed, and an endeavor made to bring the foot into place. There had been considerable ligamentous and muscular disturbance, but no arterial lesions were found; little hemorrhage occurred. Three quarters of an inch of the projecting bone having been cut off the foot was brought into line with the

leg, and side splints applied, the wound being dressed with cloths wrung out of hot water. The outer splint was heavily padded upon the lower portion in order to invert the foot to the greatest possible extent. The difficulty in fractures of the bones of the leg at the lower end, is the tendency to turn out. The peroneal muscles evert the foot, and require considerable lateral force to overcome them. Extension cannot be used from the impossibility experienced in attaching and retaining adhesive strips; they become loose after a few hours. Plaster of Paris bandages are often of great value. The testimony of most surgeons is that with the best care more or less eversion will result.

The foot was dressed without the aid of an anæsthetic. Opium was ordered if in pain. April 27th. The splints had not been able to keep the foot in position; it was badly everted. They were removed, the outer more heavily padded and again applied. It seemed impossible now for the foot to move, but when next visited it was as before, the tendency to turn out had overcome the resistance, and deformity was too apparent to remain unnoticed even by his attendants, who sent in haste for the Doctor to come and reset the fracture. The inner splint was removed and a compress having been laid upon the tibia the leg was again dressed. This became so painful before night that he was obliged to send for Dr. Miner in order to have it changed. The compress was removed, but inserted upon the next visit, and retained in place without causing pain until the 30th, when it was of so much trouble to him that it was removed. A base splint together with the outer side one was put on, and remained with few exceptions, until the first of June, one or the other being removed for a day or two at various times, as it became unbearable. For the first three weeks every visit found it more or less everted, so that a day did not pass without the necessity for dressing it. The fracture was so low down, and the inflammation so great that extension was out of the question, it could not be applied; it was not until the middle of May, when the fibula united that any success was experienced in keeping the foot from day to day in its proper position. May 2d. An abscess on the anterior of ankle was opened and considerable sphacelated muscular tissue removed, this soon healed,

but another formed on the outer side of leg, and freely discharged for a week. May 30th. The wound on the inner side did not heal over and the tibia was rough and denuded of periosteum for an inch and a half, so the patient, having been brought under the influence of an anæsthetic, Dr. Miner operated upon the leg, removing all the dead and denuded bone. This was easily accomplished, since the line of junction between the live and dead bone was plainly marked. In a few days the wound was entirely healed. About the end of the seventh week after the injury, suppuration ceased and he began to go about upon crutches. The result is as good as could be expected after so serious an injury. At no time was he constitutionally affected to any great extent. The leg is now, Sept. 24th, one and one half inches short; there is motion in the ankle, which is increased in size. The external maleolus had been forced downward and outward. He has a shoe made to accommodate this enlargement, the sole also being thicker than that on the right shoe. He walks without the assistance of crutches or cane. It is not sensitive when used; the direction is perfect, the foot neither turning inward or outward. This was not dressed antiseptically; an oil meal poultice was substituted for the warm water dressings when the discharge was profuse; it served as a receptacle for the discharged pus, and did not require changing as often as the latter.

CASE III.—*Compound Fracture—Amputation.*—April 25th. Dr. Miner was called in haste to attend Wm. B., aged 27, who in falling from a wagon had caught his right foot between the spokes of a wheel, and fractured the tibia and fibula within an inch or two of the ankle joint. The lower end of tibia had been badly comminuted, and forced through the skin. After the patient had been brought under the influence of ether, Dr. Miner enlarged the wound and removed eight or ten pieces of bone, but when it was found that the anterior and posterior tibial and peroneal arteries had all been severed, amputation was determined to be the only resort. The leg was accordingly removed at the junction of the middle and lower third by anterior and posterior flap. The patient, after having the leg dressed with warm water was then placed upon his bed and allowed to come out from under the anæsthetic.

Anodyne was given him in small quantities to quiet restlessness. On the fifth day after operation, the patient was handed over to the family physician. At no time did he suffer constitutionally; the stump healed kindly and rapidly although not by first intention. About the middle of May, the patient's brother came into the office and reported him well. The foot was dissected after removal, when it was found that not only were the lower ends of the tibia and fibula much shattered, but the os cuboid and astrangulus were broken into numerous pieces, and the ligaments of the joint badly ruptured. So great had been the disturbance that if the arterial supply had remained intact, no hope could have been entertained of saving the foot. The ankle joint was entirely destroyed, the surfaces of bone in aposition being ground into powder.

CASE IV.—*Psoas Abscess opened.—Recovery.* April 8th, 1877, Dr. Miner was called to see Dan M., aet. 11, who had been suffering for two or three months with pain in his back and side. Latterly a bunch had appeared in the left inguinal region. For a week past the patient had been confined to his bed. His left leg was drawn up over his abdomen, and he was obliged to lie upon his right side. There was considerable tenderness to pressure over the entire left side of abdomen without any distinct pointing of the abscess. Warm water dressing were ordered. Dr. Miner determined to open it at his next visit, but could not persuade the boy to allow it until the 16th, when an anæsthetic was administered notwithstanding his struggles. The abscess was then opened and pus to the amount of about four ounces discharged. The abscess was deeply situated, although considerable time had been allowed that it might point and be the more readily opened. The discharge of pus continued for about two weeks and then ceased, and the puncture healed; no ill effects have since manifested themselves. The result of opening the abscess was magical. While before this the patient conld only obtain rest from the influence of an anodyne, afterwards within two days he slept for six hours without its use. His leg straightened and in four days he was around the house making use of a cane to support himself. He immediately began to gain in flesh, and when last seen, two months after operation, was as large and healthy as any boy of his age.

The dressing applied was warm water to which a few drops of whisky had been added to cover the offensive odor. Lister claims that the grandest results of his method are witnessed in surgical wounds, and we have already referred to an illustrative case in which the spray, for only a few seconds, had been misdirected, causing, as he says, death. How many opportunities were open for septic poison to enter the surgical wound on Dan M., and still he lives. We must conclude then that asepsis by the use of carbolic or salicylic acid is not of paramount and critical importance since recovery often follows without its exhibition. Good or bad results will follow from any mode of dressing; none will assure a given result, and Lister must grant his theory still unproven.

We quote from the eminent surgeon T. Spencer Wells, in his address before the British Medical Association. "For my own part, I would rather operate in a clean, quiet, well warmed, and well ventilated building, be it large or small, without any antiseptic precautions, than run the risk of trusting the neutralizing or destructive power of chlorine or iodine, sulphur or tar, borax or the permanganates, salicylic or any other acid, in a place tainted by the presence of sewer gas or the seeds of some infectious or contagious disease." We present the above to show the value of cleanliness, and the care needed to surround the patient with every favoring circumstance. We will close this article with another quotation taken from the *Medical and Surgical Reporter*. "Many surgeons maintain that the success of Lister's antiseptic treatment is more owing to the care and cleanliness he inculcates than to anything else. The following extract from a Paris letter, shows how much these are wanting in the hospitals of that city, 'at one of the best known hospitals in Paris, I witnessed the excision of a fatty tumor, the operation being as simple a one as possible. The man was put to bed, and next day a case of facial erysipelas was taken into hospital and deliberately placed in the next bed, needless to say, the patient who had been operated upon took the disease and died of it. In another hospital a case of erysipelas was introduced from outside and placed between two patients who were convalescent from acute diseases, they both took the disease and died, and in addition several other patients in the same ward took the

disease. As no disinfection or isolation was practiced, it was long before the ward was free from the infection; these cases are only examples of what is taking place almost every day in Paris. It is really incredible that such a state of things should exist in a great town like Paris, which prides itself upon being the home of surgery, and boast that it has some of the finest surgeons of the world.'"

———·o:———

ART. II.—*Pyo-Pneumo-Thorax. Treatment by aspiration, and permanent drainage Tube.* By Prof. E. V. STODDARD, M. D.

Wm. A. Smith, aet. 22, was admitted to Rochester City Hospital, March 13, 1876; by occupation a file cutter. Father died of "brain difficulty," and Mother of cancer of stomach.

He has enjoyed fair health until two years since, when he commenced coughing. His best weight has been 155 lbs., present weight 145 lbs. Has never suffered from Hæmoptysis. One year since had pneumonia. One week ago was taken with chill, since which time he has been confined to his bed. Had been at work at his occupation till this attack. At present his condition is anæmic, pulse 136, respiration short, quick and frequent. Has night sweats, bowels loose; and considerable pain in right side and through epigastrium. Tongue clean and pale.

Physical examination of chest reveales a very interesting condition. *Percussion* over right side gives marked dullness over upper fourth of that lung, amounting to flatness in the lower three-fourths. By auscultation, tubular respiration appears over apex, with no respiratory sounds over lower three-fourth of the lung. Over left lung, in upper third, slight modification of percussion note occurs in a lessened resonance; vesicular murmur exaggerated and expiration prolonged; heart pushed downwards and over towards the left axilla. Succussion of the patient produces a splashing sound, *so distinct as to be heard by any one standing near the bed.*

Diagnosis—Hydro-Pneumo-Thorax.

As his condition was one of considerable exhaustion, from car travel and walking, he was fed liberally, and stimulants with Qui-

nine (gr. iij. every four hours,) were ordered. To quiet his cough and relieve pain,

℞. Aceti Opii m x.
Spts Chloroformi m xx—P. R. N.

March 20th.—Having rallied considerably, it was decided to remove the fluid from the chest. This was accordingly done with the aspirator. The needle was inserted in the 8th intercostal space, on a line drawn perpendicularly from the center of the axilla. By the means ℥.c x v j (or 7¼ pints) of purulent fluid were removed from the pleural cavity. This gave the patient great relief, and was followed by an abatement of all his urgent symptoms. His improvement in every respect was remarkable.

March 31st.—Evidences of a re-accumulation of the fluid in the chest becoming more and more marked, it was decided to open the chest wall by puncture, insert a silver tube and thus keep the pleural cavity constantly free from purulent fluid. Accordingly an incision was made, in the site of the former puncture, in the 8th intercostal space, and a silver tube introduced, which could be closed with a small cork. By this operation ℥ lxxxvij of pus (5.$\frac{1}{16}$ pints) was removed. The tube was kept in place by an elastic band around the body. No pains were taken to prevent the ingress of air, as the communication of the chest cavity with the interior of the lungs was evident, and the presence of air in the pleural cavity could be demonstrated, by causing the patient to cough, by which effort air was forced out through the tube.

April 3d.—Removed the silver tube and inserted a rubber tube ⅛ inch calibre and about three feet in length, terminating in a bottle containing a weak solution of carbolic acid. About three and a half ounces of pus were discharged daily. *The chest cavity was washed out each day with warm water, containing a little carbolic acid, by using the tube and bottle as a syphon:* Elevating the bottle above the patient filling the chest, and placing the bottle on the floor withdrawing the fluid.

April 6th.—Pleuritic friction sound appeared over upper part of left lung. Dry cups were applied, and quinine freely given. He slowly improved from this time until August 5th, when his gen-

eral condition became much worse. Diarrhœa was troublesome, and cough more frequent and severe. He continued in this condition, with gradually increasing indications of disorganization of the left lung, through the fall and winter. The flow of pus from the side, through the tube continued, and, gradually failing, he died March 6th, 1877, one year and three days after coming under observation.

The *post mortem* examination was held eighteen hours after death.

On opening the chest, the right pleural cavity, over its whole surface, resembled the walls of a large abscess; no healthy tissue being found in its lining membrane. The lung occupied about one-tenth of the cavity of the pleura; it was compressed along the spinal column. It was quite hard and firm, with an occasional indication of tubercle.

The tube was found to have been inserted into the lowest part of the pleural cavity.

The *left lung* was tuberculous throughout, and was undergoing rapid degeneration; very little of its tissue was available for respiration.

The *Heart* was healthy but slightly enlarged.

The *Liver* enlarged and fatty.

In closing this imperfect history, I would call attention to

1st. The large amount of purulent fluid removed at one time by aspiration, ($7\frac{1}{4}$ pints or $12\frac{11}{16}$ pints by two operations within eleven days).

2d. The long time which the rubber tube was worn, ($11\frac{1}{2}$ months).

3d. The *washing out of the chest each day,* and the ready means for doing so offered by the rubber tube and bottle.

4th. The prolongation of life and great relief to the patient by this mode of treatment.

———:o:———

ART. III.—*Abstract of the Proceedings of the Buffalo Medical Association,* Tuesday, Oct. 3d, 1877. Reported by E. N. Brush, M. D., Sec'y.

The Vice-President, Dr. Lothrop occupied the chair.

The minutes of the previous meeting were read and approved.

Under the head of Reports from Special Committees Dr. Howe presented a schedule of papers to be read before the Association for the ensuing seven months together with some recommendations

as to the mode of conducting the discussion of the papers read. The report was received and upon motion adopted.

Dr. Mynter the essayist for the evening read a paper upon the "Mechanical Treatment of certain forms of Pulmonary Disease." Dr. Mynter in his paper referred to the use of rarified and compressed air in the treatment of Pulmonary emphysema, asthma, phthisis, etc., and illustrated his remarks by exhibiting the apparatus employed and explaining its uses.

At the conclusion of the paper the Chairman called upon the various members to discuss the points brought forth.

Dr. Rochester said that the subject was one with which he was not very familiar either in a practical or theoretical way. He had not seen very much of the literature of the subject, and while he was aware of its being employed as Dr. Mynter had stated in his paper, he had never taken pains to investigate its value. He did not, however, see why emphysema could not be treated in this manner and should look upon it in certain cases as a valuable agent.

The Doctor had in his paper reported some successful applications of the apparatus, he did not desire to question his diagnosis but as most of the gentlemen present were aware there had been during the late summer and early fall months considerable hay asthma which in some of its forms might be mistaken by an enthusiastic observer for emphysema. The reader was a young man who, like the majority of young practioners might be apt to become enthusiastic over a theory and see in every case of lnng trouble a case to be treated by his method. The apparatus doubtless had value and Dr. Mynter deserved credit for investigating and experimenting with it, and if over sanguine as to its merits would have ample time to revise his opinions.

Dr. Strong said the apparatus struck him as a means of treatment which might be of value. Thought it might be useful in the treatment of incipient tuberculosis. It had often occurred to him that certain forms of lung disease should be met more directly than was the usual custom, and the method thus advanced of treating emphysema seemed an advance in the right direction.

Dr. Bartlett remarked that the instrument was to him a novelty. He thought that back of all lung diseases as manifested

by their symptoms there were certain anatomical changes which it was necessary to take into consideration in using either rarified or compressed air and that they should be taken into careful consideration lest harm be done by injudicious interference.

Dr. J. F. Miner said he had been much interested in the paper or that portion of it which he had been able to understand. Dr. Mynter had presented an apparatus which he had seen represented substantially as presented, for years. He understood the doctor to say the machine would register the lung capacity for air, and to intimate that our young friend, Dr. Cary, had more wind than the average of doctors, which, without trial, he thought hardly fair. An instrument to measure our wind might be a good thing. To be serious he had not given the matter any attention, looking upon it as something over which one could easily grow sanguine of success but by age and more extended experience become convinced that their earlier views needed modification.

Dr. White said he would content himself with saying that the Association should be under obligations to Dr. Mynter who had at no small expense of time and trouble been able to exhibit the apparatus. It was evident, that few present had any practical knowledge of the subject, although it was one not entirely novel to him he knew comparatively little about it. It does not matter whether all the hopes which the author expresses in his paper are accomplished or not, it is important to the members of the Association that they do not remain ignorant of the subject or of the results which it seeks and claims to accomplish.

Dr. W. W. Miner said that a similar instrument was used at Amherst College for testing the lungs of students in the classes at the gymnasium and record was made annually of the expulsive force of the chest, the inspiratory power of the lungs and the volume of air that could be expelled after the fullest inspiration. The instruments were open for use of the students throughout the year and it was found that exercise would considerably increase the expulsive power of the lungs but would not affect the vital capacity or expansive power in the same ratio.

Dr. Hopkins expressed some surprise that the majority of those present had called this a novelty. It was on the contrary something which had been for some time known and described. He

did not wish to enter into a discussion of the therapeutic value of the method but desired to congratulate Dr. Mynter. He would congratulate the Doctor first upon the commercial value of the apparatus. It had its moral force and enabled him to make an impression upon the pockets of the patients as well as upon their ailments. He would congratulate him also upon the therapeutic value of the instrument as one of the successful cases reported in his paper had applied to him and had been treated but without benefit. The Doctor was also to be congratulated upon his boldness in taking up a matter of this kind and thus preserving for the regular profession something which might easily be usurped by the quacks.

Dr. Van Peyma said that he knew nothing of the subject but from what he had heard during the evening was favorably impressed therewith.

The discussion was closed by some explanatory remarks by Dr. Mynter.

Dr. White said that he had a specimen which he desired to present, it consisted of the neck of the uterus which he had amputated for cancerous diseases the day previous. His views upon the treatment of cancer involving the os and neck of the uterus had undergone some change within the last few years, and he now thought that these affections demanded energetic treatment. The specimen in question was removed from a German woman sent to him by Dr. Hauenstein and was amputated by the assistance of Dr. Brush with the galvano-cautery. (The report of this case will be presented in detail in a subsequent number of the *Journal.*)

The introduction of this case gave rise to some interesting discussions upon the advisability of operating upon cancerous affections but the discussion was of such desultory character that the secretary was unable to report it in such manner as to do justice to the speakers.

Dr. W. W. Miner exhibited under the microscope a preparation from cancer of the uterus which gave rise to a discussion upon "cancer cells."

The Secretary was instructed to have printed lists of the papers to be read at the ensuing meetings prepared for distribution.

On motion the meeting adjourned.

ANTISEPTIC SURGERY.

LISTER'S SYSTEM IS NOT THE APPLICATION OF PECULIAR DRESSINGS OR THE USE OF PARTICULAR ANTISEPTICS. It is a method of treating wounds based on the "germ theory," and its principal aim is to prevent the entrance of germs into wounds, to destroy them if already there, and to guard against the accumulation of wound-secretions. In order to attain this end he surrounds the patient with a series of precautionary measures, which have from time to time been improved on by him. These require peculiar materials and appliances, of which I present the latest phase that came under my observation. They are enumerated without particular plan. Where the mode of preparation is not indicated, it will suggest itself; where it is described it is adapted as much as possible to self-preparation, thereby facilitating the introduction of the system by diminishing its greatest objection—the cost. Their use is described as concisely as possible, and will become clearer when I shall treat of the mode of operating and dressing.

1. CARBOLIZED SOLUTION (Acid. carbol. cryst. 5, aq. 100) is used to clean the neighborhood of wounds before operation, to disinfect the hands of Surgeon and assistants, and instruments, to wash out septic wounds and clear drainage tubes.

2. CARBOLIZED WATER, a 2½ per cent solution of crystalized carbolic acid in water. It is used in the spray and to wet the "lost gauze."

3. CARBOLIZED OIL (Acid. carbol. cryst. 5, ol. oliv. 100), to oil catheters or other instruments, or fingers when about to be introduced into some of the cavities. It is also employed when a constant direct contact of the antiseptic with the wound is necessary, as in caries,—or where the gauze dressing cannot be applied, as in abscess of the rectum.

4. SOLUTION OF CHLORIDE OF ZINC (8 per cent), 1 part of liq. zinc. chlor. mixed with 3 parts of water. Where wounds have been exposed unprotected to the access of atmospheric air, or where, from mistake in dressing, aseptic wounds have become septic, they are swabbed out with this solution. It is more effective than carbolic solution, but too powerful for permanent use in the dressings.

5. THE SPRAY. In order to prevent the entrance of living germs, during an operation or dressing, a spray of "carbolized water" is directed on the wound. The best instrument for this purpose is "Lister's spray," a steam atomizer which throws a large cone of finely divided spray. It is almost indispensable in long operations and where a considerable space of tissue is exposed. In its absence it may be replaced by the ordinary steam atomizer, of which two ought to be at hand, as they are sooner exhausted. Their suction tube is unnecessary and a glass tube, drawn to a fine point, and bent at an acute angle, to throw the steam against

wounds without necessity of tipping the instrument, may take its place. In the absence of these, or for short dressings, Richardson's spray apparatus may be used. It has, however, serious defects; it gives out frequently without apparent cause, is very fatiguing, and wets the wounds to much, as the spray is not as finely divided as that of the steam atomizer.

6. The Protective is oiled silk, coated with copal varnish, to render it impermeable, and then covered with a thin layer of 1 part dextrine, 2 parts starch, and 16 parts "carbolized solution," to facilitate adhesion of the disinfecting fluids into which it is dipped before being applied to the wound. The purpose of the "protective" is to prevent the irritating effect of the contact of the antiseptic with the wound. It is placed immediately over this, overlapping it but little.

7. The Antiseptic Gauze, a peculiar unstarched cotton gauze, selected by Mr. Lister on account of the facility with which secretions penetrate its meshes. It is prepared with antiseptics, and thus, after absorbing the wound fluids, it prevents their decomposition. Pieces of cotton gauze, six yards in length and one yard in width, are to be placed in a zinc trough and heated in the water-bath for several hours, after which they are spread out and a hot mixture of 1 part cryst. carbolic acid, 5 common resin and 7 paraffine is poured over them by means of a syringe. They are then returned to the trough and submitted to pressure for some hours, to cause an even distribution of the fluids. The resin is to hold the carbolic acid more firmly, and prevent it from being washed out or evaporated too quickly. The paraffine diminishes adhesion of the dressing. This gauze is prepared in factories in Germany, the best known being the "International" factory, at Schaffhausen, Switzerland. Its great cost (20 cents a yard in the factory) is a considerable drawback. I have, therefore, tried to replace it by cheaper material, and to prepare it myself, and have successfully used old mosquito netting for this purpose. As this is really the only part of Lister's dressings for which the Army Supply Table does not furnish the materials, it may be of interest to learn how it is done. Old mosquito bars, which have become useless for their legitimate purpose, are steeped, or, perhaps better, boiled in lye, to remove all dirt and render them more hygroscopic. They are then immersed in the hot resin mixture, which may be heated in a tin bucket on the stove. To remove the surplus liquid they are passed through a clothes-wringer, allowed to cool, stretched into shape, and put away in a closed vessel or wrapped up in oiled muslin. The clothes-wringer is easily cleaned with boiling water and a cloth. I have used this antiseptic netting with the same results as the imported gauze.

The gauze is used wet with carbolized water in immediate contact with the "protective," folded in about six thicknesses and overlapping the "protective" several inches. The remainder of

the gauze is applied dry. Lister considers eight layers, *largely overlapping* the wound, sufficient. Between the seventh and eighth layers he inserts the "McIntosh."

8. The McIntosh, common rubber cloth, is used to keep the secretions of the wound from finding their way immediately to the surface, and to compel them to permeate the whole dressing, thus being constantly in contact with the carbolic acid. It is cut an inch smaller than the gauze, that the secretions when about to appear externally may be discovered, while yet lying in antiseptic material. The "McIntosh" need not be renewed with the dressing, but may be washed off with carbolized water and used again.

9. Catgut is the *sine qua non* of Lister's dressing for ligatures and deep sutures. In a few days it is absorbed and the wounds close over it without danger of its acting as an irritant or permitting hæmorrhage. In order to prevent its becoming soft, spongy and slippery, it has to go through a process, by which it is rendered tough, flexible and able to resist the action of the wound-secretions for a sufficient length of time. It is first shaken up in a carbolized emulsion of 1 part cryst. carbolic acid (dissolved by addition of 10 per cent water), and 5 parts olive oil. It should then be no more disturbed but set aside in a cool place. The catgut should be kept separate from the watery part of the emulsion. This is most conveniently done by placing a sufficient number of pebbles into the vessel containing the emulsion to support a small disk of glass out of reach of the water, on which the coils of catgut are laid. It takes at least two months before it acquires the necessary qualities. The catgut is used in different sizes, from the thickness of a horsehair to that of twine.

10. Salicylic Cotton. Mr. Lister has of late used this to bolster up and fill inequalities of the surface. The salicylic acid not being volatile, and cotton easily impregnated by it, it forms a useful supplement to the gauze. It is prepared by first removing the fatty matter of the cotton, by boiling it in lye or other alkaline liquid. Thus the cotton becomes hygroscopic, which quality may easily be tested by throwing a small ball on water. In its natural state it will not sink,—if prepared it will go to the bottom of the vessel in a very short time. The proportions are about 8 ozs. of the acid, 8 ozs. alcohol, and 2 gallons of water. The addition of about 20 per cent of glycerine is said to prevent the disagreeable dusting of the acid.

11. Sponges. All sponges used in connection with Lister's dressing, in the cleaning of wounds and absorption of wound-secretions, should be prepared in the following manner: After being beaten, cleaned and washed out in lukewarm distilled water, they are immersed in the "carbolized solution," and kept there until needed. After use they are washed out in the solution and replaced in the vessel. In this manner they can be used over again as long as they last. In addition to the usual small dressing

sponges some larger ones are to be kept on hand. They are applied to wounds the first day after the operation to absorb the more copious secretion caused by the spray.

12. Drainage-Tubes are small flexible rubber tubes, of the size of a small quill to that of a little finger, with numerous openings on the sides, each of half the diameter of the tube. Their use is to facilitate the egress of wound-secretions without interfering with union. One or more are introduced, according to the size and number of angles of the wound, reaching to the bone. They are secured to the skin by a thread drawn through their extremity and fastened by a strip of isinglass or a small safety-pin. They must be cut on a level with the skin, as otherwise the pressure of the dressings will obstruct their lumen. In places where the slippery rubber tube is not easily retained, as in the anus, some lint dipped in carbolized oil might take its place. Of late Mr. Lister adds to the rubber tube several threads of catgut. The tube is removed in a few days, the catgut assisting in the drainage as long as it is necessary and is then absorbed, the outside parts falling off.

13. Antiseptic Silk. The catgut is only used in ligatures and deep sutures. For superficial sutures it does not retain its firmness long enough and silk is preferred in its stead. This is rendered antiseptic by being steeped for an hour in a hot mixture of beeswax 10, cryst. carbolic acid 1, and then drawn through a cloth to remove the surplus wax. It is then preserved in a closed vial. In this manner it combines the advantages of the wire with the suppleness of the silk. Septic germs cannot penetrate in the interstices of the fiber, and the wax, besides increasing the hold of the knot, retains a sufficient amount of the antiseptic to destroy any germs which might enter the suture.

I might here, also, mention a method introduced by Mr. Lister to approximate the edges of the skin where from loss of substance this would be difficult, if not impossible, by superficial sutures, as in cancer in the breast when a part of the skin is implicated and has to be removed. A piece of annealed or silver wire is passed through the whole thickness of the flap, some two or three inches from its free edge, and brought out on the opposite side at the same distance. The ends of the wire are fastened over a small lead plate, thus sufficient force can be used to cover almost any deficiency. As many of these wires may be applied as the size of the wound may necessitate. The superficial sutures are then introduced, and a union by first intention may be looked for. The secretions of the wound pass through the drainage-tube. Whenever the neighboring integument seems to have accommodated itself to the strain, the wires are removed by cutting them at one of the plates. I have used this once, with success, after removal of a tumor of the scalp, with a circular loss of skin of two inches diameter, and obtained union *per primam.*

In order to complete the list of dressings pertaining to Lister's system, I must add the preparations of boracic acid, which is claimed to be an antiseptic, milder than carbolic acid, but holding its properties longer.

1. Boracic Water (3½ per cent solution of boracic acid in water). The boracic acid is obtained from borax by decomposition with sulphuric acid. The water is mainly used to moisten the boracic lint, where this is employed.

2. Boracic Lint is prepared like salicylic cotton, which will be mentioned hereafter. It takes the place of carbolized dressings, where these cannot be closely adapted to the skin, as in resection of the lower jaw and in harelip sutures.

3. Boracic Ointment (Acid borac., ceræ alb., of each 10, ol. amygd. dulc., paraffine, of each 20, fiat ungt.) This is used spread on thin cotton and applied to ulcers and granulating surfaces. It is neatly fastened to the skin by painting the edges over with collodion. I have seen it used with success after ablation of epithelial cancer of the face.

In applying Lister's dressings it must be borne in mind that they promise complete success only in operations where the prescribed precautions for destruction of germs, or prevention of their entry into the wound, have been conscientiously observed. Even the most careful disinfection of wounds which have been exposed unprotected will not always be successful, as germs may have penetrated beyond the reach of the antiseptic. Still even there the probabilities are in favor of antisepsis, and the facility of evacuation of pus by the drainage-tubes, and its disinfection in the meshes of the gauze, which also prevents the entrance of new living germs, predisposes most wounds to rapid healing. We must at all times be thorougly alive to the fact that the entrance of *one* living germ may destroy the usefulness and render an operation, which otherwise would barely affect a patient's health, the starting point of erysipelas, gangrene or pyæmia. These germs may be introduced by the Surgeon's finger, by the instruments, by the very dressings, if any one of Lister's minute directions is neglected. On the other hand, if once a Surgeon and assistants understand the system thoroughly, it is the easiest mode of operating and dressing; the rules are so positive that surgery loses its speculation and a quick recovery can almost with certainty be looked for. A Surgeon in one of the large German cities told me he followed Lister's system, but did not get the vaunted results. He invited me to witness a small operation which he was going to perform "under Lister." It explained to me his want of success. While he thought he followed Lister's rules rigidly, he committed nine grave faults, each of which would nullify their benefits. Still in case of failure, he would have claimed that he failed in spite of following Lister. Such adherents are his worst enemies. The importance of the lesson may excuse this anecdote.

Whenever elevation of temperature, rapidity of pulse, erysipelas, swelling, diffuse cellulitis, symptoms of pyæmia follow an operation, we may be sure that in nine cases out of ten some fault has been committed,—either the discharge has appeared on the surface and been allowed to become septic, or the the drainage-tube is closed, or not properly trimmed, or not introduced to the proper point.

The following articles, as a rule, should be at hand before proceeding to an operation: Towels, scap and sponge with warm water; nail-brush and ether; two bottles carbolized water; two atomizers, filled—the second in case the first should fail; basin, with necessary small sponges, and one or two large ones, soaking in carbolized solution; bottle with the chloride of zinc solution, to disinfect the hands of Surgeon and assistants—the instruments and a piece of gauze should also be kept in this basin; vessel with catgut; vessel with drainage-tubes; bottle with antiseptic silk; and the necessary gauze and McIntosh.

First of all the hair in the vicinity of the place to be operated on must be carefully shaved off. The skin is then to be cleaned with soap, water and a nail-brush, and after that with ether, to remove fatty matter and detritus. The patient is then etherized. Here I must mention that in almost all cases *chloroform* is used in Germany as an anæsthetic, and in a most fearless manner, even for a painful dressing. I was informed by several distinguished Surgeons that they never had a death from chloroform in thousands of operations. It is true they had, at times, cases of partial asphyxia and collapse, but never failed, by persistent efforts, to revive the patient. One case was related to me where attempts at resurrection were continued for four hours on a patient to all appearances dead; the heart was, during that time, incited to a feeble action by means of electricity on the phrenici, and slight blows in the precordial region. He finally recovered. I may be pardoned this digression in view of the now general crusade against chloroform in this country.

As soon as the patient is thoroughly anæsthetized the spray is set in operation. Should one of the extremities be the suffering part, Esmarch's bandage and tourniquet are applied in almost all cases. The only exception I know of is where extensive suppuration is going on in the limb, when purulent matter might be forced into the circulation. In that case the limb is simply elevated and a tight tourniquet applied some distance above the seat of operation. The advantages of Esmarch's bandages are too well known to need repetition.

A final washing with carbolized solution is now given to the skin, and the spray is made to play on the wound, taking care not to allow the hand of the operator to intervene. The instruments are taken from the basin as needed and returned to it as soon as used. The blood is cleared away by the antiseptic sponges. Bloodvessels are secured with the usual forceps and ligated. The

ligation in operations performed by the "bloodless method," is done before removing the tourniquet. The place of the large vessels is well known, the small ones are usually found at the intersection of the muscles. The ligation is done with the catgut, care being taken not to use too thick a cord for small vessels, and to make a reef-knot. The two ends are cut off close. The ligature is absorbed or passes off with the discharge, if there is any. Numberless experiments have shown that catgut, if prepared as mentioned above, does not relax until a safe thrombus is formed.

Should, at any time during the operation, the spray cease to work, then the piece of gauze which lays ready in the carbolized water, is to be thrown quickly over the wound, and kept there until the spray is again in proper condition.

The operation being completed, the tourniquet is removed. We may always expect copious parenchymatous bleeding, partly owing to reaction after the elastic bandage, partly because the spray prevents, in a measure, the formation of clots. Arteries which have been overlooked during the previous ligation must now be secured; the rest of the bleeding can easily be stayed by compression or application of cold. The wound is then carefully washed out with carbolized water, no union of the edges is to be attempted until all hæmorrhage has ceased. The drainage-tubes are then to be introduced and the superficial sutures applied with antiseptic silk. The personal tact of the operator will show him where and how many drainage-tubes are necessary to facilitate the egress of the discharge. They should in all cases be first dipped in carbolized solution.

The wound is then covered with the protective, dipped in carbolized water, and over this by the lost gauze, that part of the gauze which is applied wet, as described above. Now the spray may be suspended, and the remainder of the gauze is applied.

Here I must digress to show the mode of dressing in wounds which were not made under the spray; after this the dressing is alike in all cases. In fresh wounds it is mostly sufficient to wash them out thoroughly with the carbolized solution. This must be done even in wounds of joints. Where suppuration has already commenced, there the carbolic acid is not sufficient to enforce asepsis. In these cases Lister uses the solution of chloride of zinc, with which the wound is carefully swabbed out. It should be forced into every recess by the pressure of the fingers. Still such cases are always doubtful, and if they do not result favorably the dressing is not always to blame, as the germs may have penetrated beyond the reach of the antiseptics.

We proceed now to the final dressing. A large antiseptic sponge is laid over the protective, and over it the *lost gauze* and the eight layers of gauze, the whole retained in place with broad gauze bandages, cut from the same material. They adapt themselves better than ordinary bandages, do not slip as easily, and

have, also, antiseptic properties. A gentle, but firm, compression by them will facilitate the agglutination of the wound-surfaces and the egress of the discharge. The turns, especially where they are apt to be displaced, must be secured by small safety-pins. Inequalities of the surface, where the gauze does not closely adhere to the skin, must be filled with salicylic cotton, as such places are favorite passages for the wound-secretions.

The first dressing should be removed, at the latest, in twenty-four hours, sooner if the discharges appear anywhere on its surface. The changes are made under spray, which is carefully directed towards the wound, while pins, roller, gauze, sponge and protective are successively taken off. The protective will be found to have preserved its natural color, if the wound is aseptic. Where decomposition is going on, it shows dark, brownish spots, caused by the action of liberated sulphur in the pus upon the lead of the oiled silk. In this manner it is a delicate test of the success of the antisepsis. Whenever the protective is discolored, the wound must be treated like a septic wound, either with carbolized solution or the chloride of zinc. The spray is to cease as soon as the lost gauze covers again the protective. The changes have to be daily ones as long as the secretions are plentiful. The wound should be interfered with as little as possible,—the surroundings being gently cleaned with salicylic cotton or a sponge. If, as usually happens, the surface of the wound closes *per primam*, then two or three dressings will be sufficient. Besides the feelings of comfort or discomfort of the patient, and the staining of the dressing, we find the best indicator as to the necessity of changes in the temperature of the patient's body. Where this is normal, and the bandage unsoiled, we can pass on—everything is right. When the patient's temperature-slate shows an increase over the preceding observation, it will be an absolute indication to remove the dressing and examine the wound. In almost every instance we will find an accumulation of pus, which had not been reached by the drainage, or the tubes are choked, or some slight neglect had permitted some septic changes as shown by the spotted appearance of the protective. A longer drainage-tube, a counter-opening with a new tube, syringing with carbolic solution, will remedy the evil, and the temperature falls. The precautions must not be relaxed until the cicatrix is fully formed; a single unprotected granulation has given rise to violent erysipelas.

In conclusion of my remarks on the precautions necessary in the application of the dressings, I wish to state that the paraphernalia of the system are not as intricate and formidable as they appear on paper. In a few days they will become second nature, not only to the Surgeon, but to the nurses, even to the patient; the latter will not fail to call attention to the appearance of a stain, and the nurses will no more hand a dressing-forceps without first dipping it in the antiseptic.

This report would be incomplete without the description of a modification of Lister's dressings introduced by Professor Thiersch, in Leipzig. It consists, mainly, in the use of salicylic acid in place of the carbolic. Since the discovery made by Professor Kolbe, that salicylic acid can be cheaply prepared by the action of carbonic on carbolic acid, it has become available as an antiseptic. It is said to have the same properties as carbolic acid, without its irritating effects and unpleasant odor. The results attained by Thiersch seem as good as those of the carbolized dressing, and the method deserves a trial, especially as it combines with other advantages that of cheapness. In place of the gauze, Thiersch uses salicylic cotton; for the spray, salicylic solution (1 in 300); the same for washing of wounds and immersion of the sponges. The instruments are, however, oxidized by it, and should be kept in carbolic solution. The protective is not necessary, as the dressing is not irritating, and may be replaced by a piece of carbolized gauze.—A. C. GIRARD, *in his report to the Surgeon General U. S. A.*

———:o:———

CICATRIZATION OF LARGE WOUNDS UNDER THE SO-CALLED BORDEAUX DRESSING.—Dr. Azam has collated the statistics of a large number of cases of extensive wounds, especially amputations, which were dressed in the manner peculiar to Bordeaux. In this dressing the aim is to secure immediate union of the entire surface of the wound. Its three cardinal points are drainage, deep sutures, and superficial sutures. After the hemorrhage has been controlled as thoroughly as is possible, a thick drainage tube is laid in the deepest part of the wound--in amputations, behind the bone—and fastened over the limb between the two angles of the wound. The flaps are next united at their bases by deeply placed double sutures of very fine silver wire, and the ends of the sutures are twisted over a piece of a sound. These sutures are from two to three in number, according to the thickness of the flaps, and are situated from four to five centimetres from the edges of the flaps. Finally the wound is carefully closed by harelip pins and twisted sutures, supported by strips of charpie dipped in collodion. The entire part is then enveloped in wadding, except at the places where the drainage tubes lie, which are covered with charpie to soak up the discharge. On the second or third day the harlip pins are removed and the deep sutures loosened. The dressing is renewed every three or four days. Cicatrization is completed in from ten to twenty days.

Dr. Azam saw an amputation of the thigh heal up in ten days, and an amputation of the leg in eleven days. In 202 amputations, of which 63 were amputations of the leg or thigh, there were twelve deaths; out of 30 amputations of the thigh there were five deaths, and out of 33 amputations of the leg there were three.—*Allg. Med. Cent. Zeit.*, Aug. 8th.

A Growing Nuisance.—The please-send-me-a-specimen-copy-of-your-valuable-journal-man is plainly on the increase. He is becoming more frequent; in fact, he is without number and ubiquitous.

In former days he hid his request—but never a stamp for return postage—in an envelop. Latterly he selects the curtly business "postal" card, thereby cheapening the cost to him a couple of coppers, and making an inclosure impossible. In all the years of our editorial life—and we trust our "sands have" not yet "run out" by a long shot—we have never seen the color of the send-me-a-specimen-copy-man's money. We are beginning to fear we never shall. Hope, indeed, has been so long deferred, that it has fled our breasts entirely.

Musing, the other day, this please-send-me, etc., pest—this unknown but oft-recurring nuisance—rose to our mind's eye as he cut the wrappers from the American Practitioner, the New York Medical Journal, and the St. Louis Medical Journal, all reaching him by the same mail. For "no pent-up Utica" puts a limit to the demands of this profitless patron. He longs to hear from the several sections of our broad realm. His vocabulary contains no north, no south, etc., but embraces the boundless continent. His love of knowledge is so intense that it swallows up every other consideration, thought, principle. In another month he will draw on the sunny south—very sunny just now—for his supplies. And then he is as impartial as he is insatiable. His cravings will demand in turn the Nashville, the New Orleans, and the Atlanta journals. An occasional quarterly is needed to sandwich any failure of the mails; and the swift-recurring weekly is, alas! doubtless taken in vast numbers as a "condignment," as poor Artemus Ward used to say of mustard. But with all his gettings, this chronic abomination has never gotten his dues, which would be exposure. Who will see that he has them? We will. No more postals, O man without bowels! but enclose the fractional quarter, and then get your reading without filching from your betters.—*American Practitioner.*

PROF. GEORGE HADLEY, M. D.

ACTION OF THE ERIE COUNTY MEDICAL SOCIETY UPON HIS DEATH—MEMORIAL ADOPTED.

Pursuant to call a meeting of the Erie County Medical Society was held Wednesday evening, October 17th, 1877, at the college building, corner Main and Virginia streets, for the purpose of taking action on the death of Prof. George Hadley. The attendance

was large. Dr. Edward Storck, vice-president of the association, presided, and Dr. D. W. Harrington discharged the duties of secretary.

Upon calling the meeting to order Dr. Storck addressed his colleagues as follows:

Gentlemen of Erie County Medical Society:

Again it has become my duty, in the absence of the President, to call a meeting of this society on account of the death of our collegue, one of the oldest, most honorable and most distinguished members of our society, Prof. Hadley, who for many years has held the chair of chemistry in the Buffalo Medical College so honorably, has so distinguished himself as an expert that he gained a national reputation. Prof. Hadley's name was known not only here, but, I may add, all over the state; yes, all over the country. He died at his residence yesterday morning. We mourn in him a great and honored member, a distinguished member of the profession, a teacher whose place can hardly be filled, and it is highly proper that this society should take proper action on the death of our departed colleague, and to give expression to our feeling of sympathy with the family and express our feeling of honor and respect for our departed colleague.

Dr. Thomas F. Rochester in next moving for the appointment of a committee of three to prepare a memorial expressive of the sentiments of the society, said:

Mr. President and Gentlemen:

Perhaps it is proper that I should say a few words on this very sad occasion, from the fact that my acquaintance with Dr. Hadley probably antedates that of any other person in this city. I have known Dr. Hadley intimately and well for over twenty-five years; known him as a man, as a chemist, as a friend for that whole period and for twenty-five years as a colleague, and my relations with him have not only been intimate in that respect, but I have also had the privilege of being his medical adviser during that long period, not only of himself, but his honored father and mother. It was my sad duty to be with them in their last illnesses and also in that of his sister, and therefore you see that my relation has been extremely intimate and that I have a personal quite as much as a professional loss to deplore. It seems hardly possible to express the feelings which I believe to pervade the hearts of all the professional men—the medical men in this city, with regard to the loss that we have sustained. Every physician feels that he has lost in Prof. Hadley an associate, a friend, a co-laborer whom it was an honor to know, and to claim as a member of the common profession. You, Mr. President, have so fully and so well expressed the feeling that is entertained by the profession of this city, that it is unnecessary for me to say anything more on the subject. As one of the colleagues of this institution we feel indeed as you have well said,

that we have lost one whose position can scarcely be filled, that it will be difficult indeed to find one to occupy his place.

At the conclusion of Dr. Rochester's remarks the chair named a committee to prepare the memorial.

The committee retired, and during their absence Dr. Julius F. Miner addressed the society as follows.

I am not prepared on this occasion to pronounce a eulogy on Prof. Hadley. His whole life is his eulogy. His reputation with the profession in this vicinity is the best eulogy that could possibly be made upon the life and character of the man with as clear a head and as pure a heart as is ever given to mortal. Dr. Hadley has lived the most circumspect and exemplary professional life of any man almost that we have among our number, that we have ever known ; and he is endeared to all the members of the profession. The old men of the profession now are his boys. The advanced men of the profession look back to the time when he was their teacher, and he was always their friend. I think there is no physician in the vicinity, in speaking of Dr. Hadley, but what he would say he was one of their best advisers. As his colleague, I can only say that we have always regarded Dr. Hadley's conclusions as sufficient authority for any course of action. His arguments were always clear and satisfactory and his conclusions irresistable, and in every matter which either agitated us in any professional matter, or in any college matter, Prof. Hadley has been looked upon as authority. If I knew what Prof. Hadley thought was proper and right on any matter, I knew perfectly well what I ought to think was proper and right; and that I did think. He was infallible in his judgment, he was kind in his nature, he was benevolent, he was not selfish. He could not be liberal so far as munificence in the affairs of the society or the profession or the college were concerned, in any great degree. He was too pure a minded and too honest a man to be able to do any very great or ostentatious act of benevolence or charity, but he was pure in his purposes, he was correct in everything which he undertook, and I have never known so pure a man whose perceptions of right and wrong were so clear, and who was so wholly governed by what his convictions of right might be, as Prof. Hadley. He was really remarkable, too, in his adherence to and his love for the truth. But I am not at liberty to occupy your attention any longer.

The committee upon their return presented the following

MEMORIAL:

After a long, earnest, industrious and truthful life George Hadley has passed from this busy and tumultuous world into that eternal rest which is the ultimate destination of all good men—for to this class he certainly belonged. He died on October 16th, 1877, at the age of 64 years, 3 months and 26 days—not old but of ripe years. He preserved to the last his clear mind and discrimi-

nating intellect. He knew that his end was near at hand, and calmly, quietly and characteristically looked for and met it. He was emphatically a persistent and discerning worker in the paths of science. His mind was strictly searching and analytical; he sought for fact and demonstration, and never allowed himself to be misled by conjecture, with such natural, and it may be added inherited mental proclivities, it would have been singular indeed if he had not attained great distinction in chemistry, the branch of art to which he had most conscientiously devoted his life. It is probably not an extravagant statement to say that his superior as a medical and analytical chemist never existed. His patience, perseverance, ingenuity and precise accuracy, based upon a most intimate knowledge of chemical relations, gave to his opinions and decisions a weight and reliance which carried conviction, and from which there was almost never an appeal. Besides his eminence in his proper profession—Chemistry—he was well versed in Mineralogy, Botany, Conchology and other kindred departments of the Natural Sciences. With all these accomplishments he was modest and retiring almost to diffidence. His feeling toward all humanity was kindly. His heart was almost womanly in its gentle tenderness. Yet his convictions were strong, and he always was firm and unwavering in the maintenance of his opinions. In the professions of medicine and of law he was widely and most favorably known, in the latter from his distinction as an expert in medico-chemical legal investigations. Popularly he was much less prominent than many of much less excellence. Simply because he shrank from notoriety and publicity. This man whose individual excellence and integrity were the basis on which his talents were built and rested we shall see no more. We rejoice that he was so long spared as an example for us to emulate. We are glad that our professional lot was cast with his for so extended a period. We are proud that our associate has contributed much to elevate and ennoble science. We congratulate his bereaved family on the honorable name and distinction he has left to them as the most precious of legacies.

On motion of Dr. Loomis the report of the committee was accepted and adopted.

On motion of Dr. Trowbridge, it was resolved that the condolence of the society be tendered the family; also that the members attend the funeral of Prof. Hadley in a body.

Brief addresses were also made by Dr. Charles W. Harvey, Dr. Henry Nichell, Dr. H. N. Loomis, Dr. E. N. Brush, Dr. John S. Trowbridge, Dr. Bartlett and Dr. W. W. Miner, after which the meeting adjourned.

THE STUDENTS' MEMORIAL.

At a meeting of the students of the Medical College, to take action with reference to the death of Prof. George Hadley, the following memorial was adopted.

MEDICAL COLLEGE, BUFFALO, Oct. 17, 1877.

We, as students having been called upon to mourn the death of our esteemed and beloved teacher, Prof. George Hadley, deeply deplore our loss. While we are conscious that no words of ours can add to the high estimation in which the deceased was held by all who knew him, whether as a scientific scholar, a patient and painstaking teacher or as a genial, kindly gentleman; and while we know his high intellectual attainments and spotless character, will receive at the hands of others a far more fitting tribute than we can give, still we deem it not inappropriate to speak of our relations with him who was our teacher, and whom we have known only to respect and love. Gentle and amiable in his disposition, he was firm in principle and purpose, and his statements and opinions were always truthful and reliable. He was pre-eminently the student's friend, ever ready to instruct, advise and assist, and when he felt that his teachings were understood his face would light up with a glow of satisfied pride, which plainly told us how unselfishly he was working for our good. Showing toward all the same untiring patience, he could not fail to gain the esteem and love of all. In his death, the college with which he was so long connected, the cause of science to which his life was devoted, and the city in which he lived, have sustained an irreparable loss. Especially to his bereaved family would we tender our sincere and heartfelt sympathy; but while we join with them in lamenting their loss we would not grieve as those who are without hope, for of one who lived so sweet, so pure and gentle a life as his, it may be truly said it was but a single step from earth to heaven.

On behalf of the students,

EARNEST WENDE,
J. H. WRIGHT,
CHAS. L. VAN PELT,
D. E. FULLER,
CHAS. A. WALL.
Committee.

EDITORIAL.

CHARITIES OF PHYSICIANS—HOSPITALS—FREE DISPENSARIES—FREE EYE AND EAR INFIRMARIES—ADVICE-TO-THE-POOR-GRATIS, AND OTHER SIMILAR "INSTITUTIONS"—THEIR INFLUENCE UPON THE PROFESSION AND PUBLIC.

Care of the sick and disabled is one of the first instincts and evidences of humanity, and too much cannot be said in commendation of the christian charity which fills the civilized world with Asylums, Hospitals, Homes for the poor, Infirmaries and similar benevolent institutions. All hail! to a sympathetic, generous, liberal regard for the deserving poor and disabled; but our

charities even may be abused, overtaxed, unworthily applied, falsely named, selfishly and dishonestly conducted. Benevolence and charity are words for public approbation, but may cover actions more truthfully designated by other names. Duty, benevolence, and charity, are terms which often pass with the general public for a great deal more than they really represent.

We are under every obligation to take care of the insane, the poor, the sick, the aged and the generally disabled, but in caring for the insane we are not under obligation to take care of a much greater number who are of sound mind and capable of self support. As citizens, as physicians, as sympathisers with human suffering and poverty we are to remember the poor; as taxpayers we have a right to inquire into the facts of the situation, and as physicians to inquire into the justice and validity of the claim. As taxpayers we are obliged to pay two dollars for the privilege of giving one dollar to the poor, while as physicians, we are expected to not only care for the sick poor but a much greater number who want to save the expense of medical attendance for investment in much more questionable luxuries. As physicians we are greatly imposed upon, and as taxpayers cheated and robbed. Our hospitals are built and conducted upon the expectation that every expense is to be met either from the profits of the business, or contributions from the benevolent, except *one*. *Medical attendance* alone is left for gratuitous supply, and so far as hospital patients proper are concerned this is not to be complained of, but county paupers have no claims upon physicians' gratuitous care in hospitals or any where else. The Poor Department furnish them with physicians who are paid for their services. These are of course young men, who are not greatly experienced, and who are not wholly employed in care of better patrons, but difficult and obscure cases of disease or dangerous injury are sent to the hospitals, with the expectation of better professional care as well as general attention; every necessity being provided for by a general tax, except the medical attendance. There may be considerations of return, and so far perhaps there is but little cause of complaint, but a step farther. United States Marines deposit their money in custody of Government. Hospitals bid for their care, they compute expense upon the gratuitous care of Surgeons, and thus in Buffalo take the job at simple cost of food and medicine; in Buffalo at $4.99; Wheeling, Va., $7.00 per week. In Wheeling for instance there is less Hospital competition, and the Surgeon takes the government job, re-letting the general care to Hospital at $4.00, and making $3.00 per week for attendance. The hospitals should be obliged to reckon Surgeons' fees as an item of expense, and thus while receiving the same as now themselves, be able to pay Surgeons their fees; it is a manifest abuse of professional liberality to do otherwise, but this is no fault of hospitals. Physicians are alone responsible for the omission, medical service is so abundant as to have no market value. But lest we occupy too much space in representing conditions of which physicians have a right to complain, and are under obligations to correct, and

really ought in justice to themselves and the profession to correct, we will pass to the "Free Infirmary Dispensary and advice-to-the-poor-gratis" Institutions of which we boast so largely. We do not propose to tell their number or names, do not care to give them a free advertisement, except to say of them as is said in other cities "they are an intolerable nuisance." Some uninformed will inquire "now why?" In Buffalo the expense of caring for the poor is supposed to justly rest upon all--to belong to a general tax. With that view nine Physicians and two Homeopaths are employed and paid to attend all the poor people who call upon them. They are distributed in all sections, and therefore within easy reach. To prevent imposition orders are to be furnished from Poormaster, so that "gratis to the poor" in our dispensaries means nothing more than an anonymous advertisement of some doctors who have little to do but advertise, and hope with this thin web to catch now and then a patient, whom they think has too good clothes for a poor-house, by representing to them that they have serious *diseases*, requiring more attention than can be given in dispensary infirmary hours, and which for small fees they will carefully investigate and treat at their private offices, No.—— ——street. This too might be all well enough, since so many share in the stock, but Supervisors are induced under representation of charity and great work to offer the prize of what medicine is required as inducement to those attracted by the sign of "*free*" to accept advise gratis. It would seem that such advice from "experts"(?) in the various departments of Medicine and Surgery might be accepted by the poor without being paid for it from the general tax, but all these free institutions draw upon the poor department for support, or intend to do so.

Physicians are liberal to a fault, they all give advice cheerfully and freely to those who ask and seem to require it. Free to the poor might as truthfully be placed upon every physicians sign, as upon the door of dispensaries, infirmaries, &c., &c. It is a reflection upon the universal liberality of physicians to ask the poor department to hire poor people to patronize "the-free-to the-poor institutions."

In conclusion we have a word to say of the influence of all this, upon the profession and public. The respectability of physicians is lessened, the value of their ministrations diminished and the rank they should hold in society is lowered. The public are made to feel that physicians are very anxious to have them take their advice, possibly even their medicine, while the true standard of an honest high minded physician should be such as to impress the families of even the affluent that it is a compliment to them and a favor to the family rather than the physician. One of our patients often says proudly "I was attended in 1870, by Mr. Wilson of London," which is an illustration of the spirit we would have physicians cultivate.

Though we base our remarks mainly upon the situation in Erie county, the same state of affairs prevails elsewhere, two thirds of the people of London

are said in a recent English Journal, to receive gratuitous medical attendance, the great majority of which are abundantly able to render adequate compensation.

———:o:———

Newspaper Law Decisions.

1. Any person who takes a paper regularly from the post-office—whether directed to his name or another's or whether he has subscribed or not—is responsible for the payment.

2. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, whether the paper is taken from the office or not.

3. The courts have decided that refusing to take newspapers or periodicals from the post-office, or removing and leaving them uncalled for, is *prima facia* evidence of intentional fraud.

———:o:———

We have received from the publishers, H. C. Lea, and Lindsay & Blakiston, a number of new medical works, through T. H. Butler, whose new store is located at 307 Main street, where may be found all the latest standard medical publications.

———:o:———

Books Reviewed.

Transactions of the American Medical Association. Prize Essay. Supplement to Volume XXVII. Excision of the larger joints of the Extremities. By H. Culbertson, M. D., Professor of Ophthalmology in the Columbus Medical College; Assistant Surgeon U. S. Army, Retired; etc.

Statistics of three thousand nine hundred and eighty cases of excisions of the hip, knee, ankle, shoulder, elbow and wrist, are here presented in a volume of six hundred and seventy-two pages. The collection, tabulation, and analysis of these cases has involved a vast amount of labor, and the work is a very desirable one for the profession to have had performed. The facts presented are from wisely selected cases, and the deductions are carefully drawn. The sections upon the method of operation are very well considered, are accompanied by anatomical illustrations: this portion adds much to the value of the work. The faithfulness, intelligence and accuracy shown in the compilation of these cases reflects much credit upon the author.

The chief value of the work is found more in the presentation it makes of the particular facts in many different cases, than in the practical indications

of the analysis. The general experience of the profession is not sufficient yet to indicate properly the eligibility of excision in various points. It is an excellent thing to have the work brought before the profession, as it will incite more general trial of these operations, and it serves as a nucleus for the gathering of further cases in evidence. The number of cases reported in this work by American operators is twice that of English or German surgeons. The knee-joint is shown to have been excised in England twice as often for disease as in the United States or Germany; the mortality being the least in the United States. The mortality of excision of the knee from the several causes in general varies widely. Serviceability of limb appears in fifty-six per cent. of the recoveries from excision of the knee for disease; fifty-eight for gunshot wounds; eighty-two for injuries, and eighty-seven for deformity. Beside the knee, England shows the largest number of excisions of the ankle. United States has the highest number of excisions of the shoulder, elbow, hip and wrist. Germany presents a much larger number of excisions of shoulder, elbow, and wrist than England. France furnishes a much smaller number of excisions than the three before mentioned countries. It is not to be supposed however, that other countries are equally well represented with United States by our author.

The case of Mr. Cash, seventy-six years of age, first reported by Professor J. F. Miner, in volume three of the JOURNAL, of immediate extraction of the head of the femur fractured and displaced by injury, with recovery, is specially mentioned and unique, no other case being reported of immediate removal, though twenty-two are given of removal after separation by morbus coxarius, and one several months after an injury causing fracture and chronic arthritis.

It will require more time for the profession to be settled in opinion on the subject of excision of joints. Various authors speak each for themselves and much more is to be depended upon the individual judgment and experience of writers than upon general conclusions from statistics at present obtainable.

W.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. VON ZIEMSSEN, Professor of Clinical Medicine in Munich, Bavaria. Vol. XV. Diseases of the Kidney. By Prof. CARL BARTELS, of Kiel, and Prof. WILHELM EBSTEIN, of Goettingen. New York: William Wood & Co.

A work of nearly eight hundred pages is here presented the American profession upon diseases of the kidney alone. One reviewer characterizes this volume as the best of the series yet published. It contains more material that is new to most readers in our country than other volumes we have read,

and it will doubtless be of service in helping towards clearness and accuracy of knowledge in a field in which considerable obscurity has prevailed. Our own writers have not been quick to accept German and French pathology and pathological terms, though Niemeyer and several other foreign authors translated, and Loomis in his recent work, have presented the views in pathology which are current in Europe. We are glad to have this work on the kidneys, and hope it may be a means of progress.

Professor Bartels contributes the principal part of the work which is on the structural diseases of the kidneys and the general symptoms of renal affections. The passage of serum-albumen through the renal capillaries into the urine, he concludes, is due either to an abnormal increase of blood pressure, or to an altered state of the walls of the vessels, or a combination of these conditions. The albuminuria in all cases of uncomplicated cirrhosis of the kidney is solely due to increase of blood pressure in the malpighian bodies. Hypertrophy of the left ventricle of the heart which as a rule accompanies the process of contraction in the kidneys, lends additional force to the blood pressure, and while albumen is sometimes absent in localized renal effections, in the diffuse renal diseases it is chiefly the accompanying disturbance of circulation through the vessels of the kidneys, which, according to circumstances, produces transitory or persistent albuminuria. Urinary casts are enumerated as hyaline, epithelial or granular, waxy, or they are formed of coagulated blood, or are found in scarlet fever of ribbon shape or of peculiar form in the non-albuminous urine of icterus. As to the character of the homogeneous substance which enters into the formation of casts, he is not clearly convinced, and he does not indicate his opinion as to the extent to which epithelial secretion and fibrinous or albuminous transudation of the blood may effect or participate in their formation.

The subjects of albuminuria and of uremia are very interestingly and fully considered. He shows that urea or its derivative carbonate of ammonia, found in the blood is not alone satisfactory cause for the occurrence of uremia, but that uremic symptoms are nevertheless dependent upon disturbance of the functions of the kidney, and that thus uremia is a proper title for the disease.

The most important part of the work is that which treats of diffuse diseases of the kidney. Virchow's divisions are accepted by the author and his classification in full is;—1. Hyperemia, acute and passive; 2. Ischæmia, or the renal affection of cholera; 3. Parenchymatous inflammation, acute and chronic; 4. Interstitial inflammation or renal cirrhosis; 5. Amyloid degeneration. Under the head of hyperemia he considers the conditions produced in the kidney and urine after administration of cantharides or other substances which have irritative action upon that organ, and again the condition of the kidney in obstruction to the venous circulation from heart disease. The condition of the organ in cholera is thoroughly described.

In parenchymatous inflammation, the epithelial lining of the tubuli uriniferi is the part primarily affected. Acute parenchymatous inflammation of the kidney is the form which follows scarlet fever, diphtheria and other acute exanthemata in general. He says very little about the catarrhal, croupous and desquamative varieties of this disease, which have been described by other recent authors. It is rare for this acute affection to pass into a chronic one according to his observation. He has seldom observed in case of scarlatinal nephritis and has never known the nephritis of diphtheria to pass into chronic form; that which complicates rheumatism or follows taking cold is more likely to become chronic. Acute parenchymatous nephritis of pregnancy is treated separately.

Chronic parenchymatous nephritis is developed rarely from the acute form, but in the great majority of cases progresses in an insidious manner from the very beginning. He does not agree with others that this is a stage of parenchymatous nephritis that intervenes between the acute disease and a third or last stage of fibrous cicatricial contraction or atrophy. Chronic suppuration and marsh miasm are considered the most frequent causes of this disease: he has never known it to follow chronic alcoholism. Diaphoresis obtained by hot air treatment or Turkish bath he esteems of great value.

As to the causation of renal cirrhosis or interstitial nephritis, he finds considerable obscurity. In his experience chronic alcoholism has not been indicated as a cause, contrary to a wide-spread idea; possibly lead poisoning and gout may be causes, and he has never failed to find objective signs of hypertrophy of the left ventricle in his cases of this disease, and to confirm the same upon post mortem examination and holds that a diagnosis of the disease is not made certain until this complication is recognizable. He is entirely convinced of the individuality of this form of renal disease. Retinitis is most apt to complicate this form of diffuse nephritis.

Amyloid degeneration of the kidney was first described by Rokitansky in his Pathological Anatomy, published in 1842. It is invariably the local manifestation of grave constitutional disease, as long continued suppurative processes, scrofula, tuberculosis and syphilis. The spleen is almost always affected with amyloid change at the same time with the kidney and from its enlarged size and its firmness may be readily felt. The liver and the blood-vessels of the intestinal mucous membrane are also frequently affected with this same process.

The symptoms, course and treatment of parenchymatous, interstitial and amyloid renal disease are excellently presented, and the portion of the work embraced therewith, cannot fail to afford pleasure and benefit to its readers. Other affections of the kidney and ureters are treated of by Professor Ebstein in a satisfactory way, who has also considered the subject of amyloid degeneration and gives some facts additional to those before given. The chapter on nephrolithiasis is one of the most noticeable sections in this portion of the work. W.

Transactions of the College of Physicians of Philadelphia. Volume the Tenth. Third Series, Volume the Third. Philadelphia: Printed for the College and for sale by Lindsay and Blakiston. 1877.

This volume contains the papers read before the college from October, 1877, to July, 1877, inclusive. These are twelve in number. Case of Trombosis of the Cerebral Veins, by Arthur V. Meigs, M. D. Case of Lacereated wound of Elbow-Joint by Lister's Method, by J. Ewing Mears, M. D. Case of Amputation at Shoulder-joint after necrosis of Humecus and Anchyloses at Shoulder, by J. E. Mears, M. D. The Post-Mortem Imbition of Poisons, by J. J. Reese, M. D. Internal administration of Nitrate of Silver, by Wm. Pepper, A. M., M. D. Case of Malignant Disease, by J. H. Hutchingson, M. D. The State of Medicine in China, R. P. Harris, M. D. Remarks on Relapses in Typhoid Fever, by J. M. Da Costa, M. D. On change in the Nails in fever, by Morris Longstreet, M. D. Report on Meteorology and Epedemic for 1876, by R. A. Cleeman, M. D. Hemiopia and Decussation in the Optic Chiasm, by Geo. C. Harlan, M. D. The Opthalmascope as an aid to Medical Diagnosis, by Morris J. Lewis, M. D. On the treatment of Old Dislocations of the Shoulder by subcutaneous section of the Humerus and formation of a False Joint, J. E. Mears, M. D. We have not the space to review these various articles as they deserve, but can recommend them as instructive and entertaining. C.

Transactions of the Kentucky State Medical Society. Twenty-Second Annual Convention. Held at Louisville, April, 3d, 4th and 5th, 1877. John P. Morton & Co., Louisville, Ky.

Many papers of interest were presented before the society among which Chole-Lithiasis by Dr. John A. Octerlomy, Sterility and its treatment by W. H. Nathen, M. D., and Infantile Therapeutics by J. A. Larrabee are especially to be noticed. They are well written and modern. The following papers will be found above the average: Anæsthesia in Parturition by J. P. Yandell, M. D.; Pathology and Treatment of Sprains by R. O. Cowling, M. D. Report on Dermatology by J. P. Yandell, Jr., M. D. Physiological Therapeutics in fever by Jonn L. Cook, M. D.; and Deafness and some of its causes by M. F. Coomes, M. D.

The typography of the volume is excellent and does credit to the editing committee. The presidents address upon medical progress is refreshing in these times of lax professional practices. He sees in the near future a time when no one will be allowed to practice until he shall have shown himself competent. It can not, however, be accomplished in the manner he advises, until public opinion is changed, since the common people seem to favor charlatanism. C.

Practical Hints on the Selection and Use of the Microscope. Intended for beginners. By JOHN PHIN, Editor of "The American Journal of Microscopy." New York: The Industial Publication Company. 1877. Price, 75 cts.

The use of the microscope has become so world-wide that a knowledge of it is a necessity to a liberal education. Although the eye may be accostomed to its use there are many questions in relatien to objects, testing objects, and mounting specimens with which one may be unacquainted. This small volume is to supply the want.

The author does not make an opportunity to write a text book upon the general principles of botany, zoology or histology but confines himself to the object he declares on the title page and presents a guide to the best methods of using the microscope. It is intended for the beginner and contains all that is necessary to a thorough practical knowledge of the microscope and its uses. The chapters upon choosing a microscope and mounting objects will be found of the greatest value. The price is so low as to place it within the reach of everyone. C.

Hospitals: Their History, Organization and Construction. Boylston Prize Essay of Harvard University for 1876. By W. GILL WYLIE, M. D. New York: D. Appleton and Company, 549 & 551 Broadway. 1877. Buffalo: Herger and Ulbrich. pp. 236.

This is not an exhaustive history but notices in a few words the most famous and expensive hospitals of Europe and the United States. The origin and partial development of the idea dates backward to the Buddhists of India, several hundred years before the Christaian era. "It is said that the sick were treated in the temples of Æsculapius, 1134 years B. C., at Titanus, a city of Peloponnesus, but there is no evidence that these temples were used for the purpose of treating the sick poor; still they were in some respects similar to our hospitals." India, Persia and Rome may claim honor for originating the thought, but to the teachings of Christ is due the quickening influence which is making the full development of that thought a grand and world wide power for the alleviation of human suffering.

The body of this volume is devoted to the consideration, elucidation and application of principles upon which depend the purest, safest, most efficient and comfortable hospital accommodations and service; together with ground plans of a large number of hospital buildings, an ideal model, and the proposed plan of the Johns Hopkins Hospital of Baltimore.

The authors points of criticism of the structures noticed, are well sustained. The book will commend itself to all persons especially interested in these matters and is also suggestive with regard to the sanitary construction of all houses. The author strongly favors Miss Nightingale's one story pavilion plan, with ridge ventilation, open fires, and hot water pipes as accessories in heating. The minutiæ of hospital construction and furnishing are carefully considered. Hospital infection and diseases are regarded as inevitable under certain well known and commonly existing conditions, and the author shows how by wise construction and administration, they may be placed at a minimum or done away with altogether. M. B. M.

A Practical Treatise on Diseases of the Skin. By LOUIS A. DUHRING, M. D., etc. Philadelphia: J. B. Lippincott & Co., 1877. Buffalo: Theo. H. Butler.

Dr. Duhring is well known as a writer on Dermatology, and the two numbers issued of his Atlas of Skin Diseases have met with such general favor that a Treatise on the subject from his pen will be looked upon with interest by all familiar with the author's reputation. The author has aimed to produce a work which shall be of a practical character, which shall be adapted to the general practitioner, who is, we are sorry to confess, lamentably ignorant of the subject. Dr. Duhring we are glad to see, has not yielded to the temptation, which seem to assail almost all writers upon skin diseases, to present a classification of his own. While the best classification has doubtless not been yet made, and will no doubt be undiscovered for some time to come, the habit which almost every new writer has of presenting one of his own invention tends only to delay the hoped for perfect one, by making "confusion more confounded." The nomenclature and classification, with some slight modifications of Hebra, have been adopted, and for that reason if for no other the work will favorably impress most dermatologists as Hebras' teachings seem to predominate in the large medical centers, and the work will therefore not clash to any considerable extent with views already held as to arrangement. We cannot at this time enter into a general review of Dr. Duhring's work, nor can we indeed give it the notice which its merits deserve. We hope in connection with future numbers of the "Atlas" to be able to say something of the author's general views. The book is well and sufficiently illustrated, some of the drawings by Dr. Van Harlingen are excellently made.

The author's style is concise and clear, and he manages to make what is frequently in most books but dry detail, at once interesting and instructive. The treatment advised is such as evidently has met the test of practical experience, and is judiciously applied. Taken together with the Atlas when finished, it will take a leading position among Text books of Skin Diseases.

B.

Surgical Observations, with cases and operations. By J. MASON WARREN, M. D., Surgeon to the Massachusetts General Hospital; Follow of the American Academy of Arts and Sciences, etc. Boston: Ticknor & Fields, 1867. For sale by A. Williams & Co., Boston.

This excellent work has been kept in store for the last ten years, but is now placed before the public at a greatly reduced price. The old price was $10,00, now it can be had for $3,50. Three hundred and seventy-three cases are presented, which are illustrated by fourteen wood cuts and five plates. Many of the cases presented are rare, while they are all reported in a masterly and scholarly manner. We have not the space to notice the cases individually, but we must say that most of them will repay close attention. The price is so low that every one should secure it. C.

Books and Pamphlets Received.

Ziemssen's Cyclopœdia. Vol. XVI. Diseases of the Locomotive Apparatus and General Anomalies of Nutrition. New York: Wm. Wood & Co., 1877. Buffalo: J. H. Matteson.

Forensic Medicine and Toxicology. By W. Barthurst Woodman, M. D. F.R.C.P., and C. M. Tidy, M. B., F.C.S. Illustrated. Philadelphia: Lindsay & Blakiston, 1877. Buffalo: T. H. Butler.

Lectures on Practical Surgery. By H. H. Toland, M. D. Philadelphia: Lindsay & Blakiston, 1877. Buffalo: T. H. Butler.

An Index of Diseases and their Treatment. By T. H. Tanner, M. D. F.L.S. Philadelphia: Lindsay & Blakiston, 1877. Buffalo: T. H. Butler.

The Practitioner's Reference Book. By Richard J. Dunglison, M. D. Philadelphia: Lindsay & Blakiston, 1877. Buffalo: T. H. Butler.

A Treatise on the Ear. By Charles H. Burnett, A. M., M. D. Philadelphia: Henry C. Lea, 1877. Buffalo: T. H. Butler.

Biology. By Joseph Cook. Boston: James R. Osgood & Co., 1877.

Outlines of Modern Organic Chemistry. By C. Gilbert Wheeler. New York and Chicago: A. S. Barnes & Co., 1877.

Ziemssen's Cyclopœdia. Vol. V. *Reviewed in Vol. XV. of this Journal.*

Wood's Physician's Vade-Mecum and Visiting List. By H. C. Wood, M. D. Philadelphia: J. B. Lippincott & Co.

Transactions of the Medical Association of the State of Alabama. Thirteenth Session, 1877.

The London Lancet, August 1877.

Defects of Hearing the result of Hypertrophied Tonsils. A. W. Calhoun, M.D.

Popular Science Monthly, November, 1877. The Supplement Nos. V. and VI., 1877.

Catalogue of Medical Publications. Henry C. Lea.

Transactions of the International Medical Congress at Philadelphia, 1876. Philadelphia, printed for the Congress, 1877,

BUFFALO

Medical and Surgical Journal.

VOL. XVII. DECEMBER, 1877. No. 5.

Original Communications.

:o:

ART. I.—*Materia Medica and New Remedies.* By THOMAS D. WASHBURN, M. D.

Read before the District Medical Society of Southern Central Illinois.

In discussing the question of Materia Medica and New Remedies, we propose to limit our remarks to a single generation, while we shall confine ourselves mostly to the results which have been garnered in the last decade.

In taking a general survey of the forces brought to bear in the treatment of disease, the most prominent factor will be found in our better knowledge of hygiene, and the daily use intelligent practitioners make of its laws and principles in controlling, eradicating and preventing it.

The vast improvement in chemical analysis, the wonderful advancement in physiology, and the accumulated facts and products given us by a protracted civil war, as well as the grand numerical results in hospital practice; the use of the microscope, vivisection and anæsthetics; the demonstration of the cell theory, and the unraveling of the intricate nerve fibers and ganglia by the special anatomist; these combined have had a mighty influence on thera-

peutics. Nor should we forget to notice the rise of *positivism*, the unwillingness to accept anything but facts or demonstrations, which the scientists and students of nature demand, and which alone, they will recognize. The effect has been a rapid winnowing of truth, a rigid exclusion of rubbish, a general sloughing of shams, calculated to astound some of our fossilised and moss-covered brethren.

The knowledge of Materia Medica and therapeutics is second only to the knowledge requisite to *diagnose* correctly. In your intercourse with physicians you have often been surprised at the apparent ease and accuracy with which some arrive at the condition, the morbid derangement in the case before them. They seem to arrive at just conclusions by mere intuition and seldom make mistakes; but when called to prescribe, many of them exhibited the most barren therapeutics, a perfect maze and muddle of materia medica. They have no acquisitions in this direction; calomel, quinine, arsenic, iron, dovers powders and morphine cover the sum total of many whose name is supplimented with an M. D. I have been amazed at the narrow limit of their prescriptive power. We are all subject to more or less criticism for our attachment to *pets*, to our routine medication. You detect it in the most eminent prescribers. We are slow in giving up old and tried friends for untried and doubtful ones, and it is right, but when progress is written all over every thing pertaining to medicine, we have no business to ignore and neglect the generous aid which is extended us by the intelligent pharmaceutist, our colaborer and special friend. Worth like water is said to find its level, and medicines of genuine utility observe the same line; true, now and then an enthusiast will put a good remedy *hors de combat* by his fulsome flatteries and foolish laudation, and true worth remain overlooked by its modest pretensions and unheralded virtues, or become supplanted by some *foreign* rival; but in this day of broad enlightenment, when chemistry stands ready to analyse a sunbeam, and science with its thousand votaries grasps eagerly at every manifestation of nature, whether in the animal, vegetable or mineral kingdom, and a vast field of observation is opening rapidly to the energy of civilization, both on the Pacific slope,

Central and South America, the almost unknown regions of China and middle Asia, swelling our already plethoric Materia Medica; while physiology and pharmacy are alive to utilise every thing of therapeutic value; surely we cannot afford to shut our eyes and stand indifferent to the lavish wealth which surrounds us. The chains of prejudice and the horror of innovation should not paralyse our manliness and crush out our professional freedom.

Do not misunderstand me, I do not advocate a reckless use of *new* remedies. The word *new* has no charms for me, further than it is associated with worth and intrinsic value. The intelligent Pharmacist, the crucial test of chemical experience, which our numerous hospitals and dispensaries afford, with the natural history and generic association of the plant or other element used, all confirm or reject at once the value or worthlessness of any new candidate for professional favor or recognition. Look at the verdict in cundurango after a fair and impartial trial, convicted, sentenced and hung higher than Haman, and deader than an Insurance Company or a Savings Bank; of course ordinary caution and discrimination are to be exercised in making your selection of medical agencies. The member from Sangamon, who reported on this subject at the last meeting in Chicago, justly remarked, that, "the exhibition of drugs in the treatment of disease is somewhat empirical and necessarily so. It is impossible from the physical appearance, habits and chemical constituents of any plant or mineral substance to say positively its therapeutic value, or classify it as a remedy. Its botanical history and chemical constituents may give the direction, or a hint may be taken as to its value and application, but it remains for the clinic to test and verify the value, and properly place it as a remedy."

We shall better appreciate the advance, which has been made, by glancing a moment at the contents of the country doctor's saddle-bags a generation since; calomel, jalap, rhubarb, ipecac, nitrate potassa, paragoric, laudanum, sweet spirits nitre, gum assafœtida, blister ointment, senna leaves, senega, serpentaria, valerian and pink root, quassia and sulphur; no fluid extracts, no bromides, not even chlorate of potassa, no veratrum, gelseminum or belladonna, few had quinine or morphia, they used the crude bark and

opium; no ether or chloroform, no glycerine or carbolic acid and only a moderate acquaintance with iodine; now, in addition to these established favorites, we have cincho-quinine, cinchonidia, the carbolates, hydrastin, podophylin, chloral, nitrate of amyl, cannibis indica, jaborandi, lactic acid, eucalyptus, santonine, salycilic acid, stillingia, physostigma, phosphide of zinc, iodoform, and a score of others of less pronounced efficiency, with any amount of new combinations and semi-officinal preparations knocking at the door for recognition and favor; of these the following have been so far adopted as to receive a place among standard authorities, viz: eucalyptus, hydrastin, stillingia, gelseminum, jaborandi, physostigma, podophylin, santonine, and a formidable list of compounds of iron, iodine, bromine and phosphorus; others have come to the front which had barely a name in the books, as salicin, the product of the willow, highly recommended in rheumatism (acute) also in diarrhœa, and as a general tonic and prophylactic; it seems to combine the *tonic* element with an astringent, and is well borne by the stomach. The phytolacca decundia, (poke-root) has had a popular reputation for years for chronic as well as acute rheumatism; it is applicable to a variety of conditions, obstinate cases of mastitis have been relieved, and neuralgic and rheumatic complications not a few. Dr. Hamill of Chicago, three years ago, read a paper on its use combined with Tinct. Guaiacum in cases of rheumatism, dysmenorrhœa and tonsilitis, the result of several years trial, and very efficient. Dose of the Fld. Ext. and Tr. Guaiac equal parts, a teaspoonful after each meal and bed time. Aposynum cannabium (American Indian Hemp,) supplemented the report on Drugs and Medicines at the last meeting of the State Society in Chicago, and elicited warm commendations from some of our most prominent practitioners, as an article worthy of our confidence in anasarca and dropsical affections doing its work in a very quiet unostentatious way, spiriting away the effusion without apparent violence to any function.

Phosphorus has attracted much attention for some time, both from its chemical and physiological relations; but the mass of the profession have been slow in adopting it on account of the irritation often manifested in its exhibition, and the difficulty of secur-

ing a safe and reliable menstruum; more recently the phosphide of zinc has won confidence, and seems likely to become an efficient and trustworthy remedy; in *New Remedies* for July 1875, it is spoken of highly in the treatment of chlorosis, anæmia, and especially in those recovering from uterine hemorrhage with neuralgia. It is best given in pill form, watching the effect, and following with some acid tonic. Ergot has probably grown more rapidly in the confidence of the profession, and presents a wider range of application than any known remedy. It possesses great value. Aconite, belladonna, gelseminum and veratrum viride are constantly extending their sphere of usefulness, more especially in the neuroses; the latter has proved itself valuable in hemorrhage, and that most formidable of all diseases, eclampsia.

There is perhaps too much fashion in medicine; a remedy is blown into notoriety by accident, or special advertising, and the world goes crazy after it. Hamamelis is a specimen of successful "*gassing*," you find it in every drug-house, and on almost every toilet; as innocent as water and far more worthless. Many remedies have been supplanted by others, either more agreeable or more efficient and gradually become obsolete, such are sanguinaria, serpentaria, columbo, quassia, spegelia, jalap, scammony, comfrey and a host of lesser lights; others are coming to the front and assuming large pretensions for those so young in years; of such are nitrate of amyl, eucalyptus, jaborandi, and a few of our western cousins, grindelia, robusta and squarrosa, yerba santa, beberis aquifolium; a passing notice of these and I will close. Nitrate of amyl was brought forward more prominently by Wier Mitchell, in 1875, as useful in epilepsy, hysteria and kindred conditions. Bartholow in his materia medica, endorses its use and recommends it in spasmotic asthma, tetanus, hydrophobia and strychnia poisoning. Mrs. Dr. Jacobi speaks highly of it in neuralgic dysmenorrhœa. It is given by inhalation, (three to eight drops.)

Eucalyptus is a powerful diaphoretic, good as a tonic in dyspepsia, flatulence and palpitation, especially useful in vesical catarrh, chronic nephritis, and in convalescence of intermittent and debility from defective assimilation. Dose of Fld. Extract fifteen drops to a drachm. Its anti-periodic power is not well established.

Jaborandi is another new remedy, not officinal, attracting much attention and possessing a power unlike anything previously known. It excites profuse perspiration speedily, and is accompanied with equally profuse salivation. It increases the frequency of the pulse, but the arterial tension is diminished. It is indicated in anasarca, ascites, pleuritic effusions, nephritis and sub-acute rheumatism, it has been found useful in diabetes, tetanus and and fevers, also in bronchial asthma, and as a galactagogue. It is likely to assume much prominence and add greatly to our remedial measures. Dr. Hutchins, president of King's county Medical Society, N. Y., presented an exhaustive paper on its merits last June, and Dr. Bartholow gives it special praise. Dose of the tincture half a drachm to a drachm.

And now, we will introduce our new friends from the Pacific slope; grindelia robusta and grindelia squarrosa seem to be near akin, with very similar therapeutic powers, the former has been before the profession some three years, and has some reputation in the treatment of asthma, chronic pneumonia, chronic bronchitis, iritis, hay-fever and gonorrhœa.

The *Yerba Santa*, which has the imposing title of "eurodictyon culafornicon," has received favorable notice by the American Pharmaceutical Association. "This plant grows thriftily among the rocks in northern Mexico, southern and middle California, and is an evergreen shrub, about four or five feet high; its leaves are leathery but brittle, and present a varnished appearance on the upper side as do also the stems, owing to the presence of a resinous body which pervades the plant." The leafy top is the portion used. The flower is a light purplish blue. A syrup of the resin is made by trituration, which has a delicious fruity odor, and a taste resembling pine apple. The June number of *New Remedies* has a description and plate of the plant. It has been a popular remedy among the natives for years. The Spaniards call it the "ages plant," and chew it, and make a tincture with whisky. Dose one-fourth to a drachm. Dr. Bundy of California, thinks it unequaled in "laryngeal and bronchial troubles." Dr. Newell of St. Louis, says it is an excellent expectorant and diuretic. A patient of mine suffering from bronchial disease and

obstinate cough, gathered quite an amount of it, by direction of his physician while in California, and spoke of it in high terms. He presented me with some, which the members can examine. I have found it palliative and useful in hoarseness and sore throat.

Dr. Bundy also speaks highly of the "beberis acquifolium," a flowering shrub cultivated in the California gardens, two to six feet high, with yellow flowers. The root is the part used, which is of a bright golden color, and intensely but pleasant bitter. Its virtues seem to be alterative and tonic, and specially anti-syphilitic. Dose of fluid extract 15 to 30 drops four times per day.

Had I not trenched already on your valuable time, I should have been glad to have drawn your attention to the topic of inhalation as well as the hypodermic use of remedies, but I forbear. They are rapidly being interwoven in our therapeutics, and we cannot afford to have specialists carry off laurels which legitimately belong to us.

Electro-therapeutics is another branch which indolence and ignorance have too long kept out of view. A man should be familiar with every thing pertaining to his profession, and only so far as he gives evidence of such knowledge is he entitled to success and appreciation.

As one anxious to stimulate both the junior and senior members of the profession in the right direction, allow me to make a single prescription. If there is a single branch of the profession or tributary leading to the same, which you have not yet explored; do as I have done, *write an article upon it* and present it to the Society. It will give you an appreciative sense of your ignorance, and possibly save you from some stupid blunder in practice.

ART. II.—*External glandular enlargements. The physiology of the Lymph system of human bodies.* By Z. COLLINS MCELROY, M. D. Fellow Zanesville Academy of Medicine; Member Muskingum County Medical Society, etc., etc.

Read before the Muskingum County Medical Society, at Zanesville, O.; October, 1877.

When I proposed to the Society to take up the subject of "External glandular enlargement," I had in my mind the enlargement of the cervical glands of young children, a by no means uncommon occurrence in my observation. And most likely so to others. I purposely avoided the use of the term by which they are commonly designated, as one calculated to give offense in private practice and believing that nothing will be lost by dropping it out of use. For, it is difficult to think one way, and speak another without being occasionally caught in the somewhat disagreeable predicament in which it places any one who attempts such a duplex performance.

But I am satisfied my conception at that moment was too narrow —for, it should have been "enlargement of Lymph glands," with the addition of the larger salivary glands about the face and neck. Using the term gland in its wide sense, it would embrace liver, lungs, kidneys, etc., of the more massive structures, which is by no means the intent, or purpose of the Society now. Let it be understood, then, that our discussion will embrace the enlargement of the external Lymph and Salivary glands—without reference to location, whether about face and neck, in the axilla, or groin.

I am one of those who think that some knowledge of the anatomy, as well as the physiology of any gland, or structure, is essential to a proper understanding of its pathological or modified status. In speaking exactly, pathology is, modified physiology.

It is well, also, to understand that perfect physiological conditions of living tissue, glandular, or otherwise, are necessarily, and to some extent, at least, an ideal standard, examples of which are not very common in living beings. I long since learned that old things, partly worn out, or damaged, lasted much longer than new and perfect things. I gave, several years since to one of my poor

neighbors, a suit of clothes which I had worn a single summer, which were, for my purposes, considered worn out. He has had them three or four years in nearly constant use, and they are not wholly useless yet, though in a much greater state of dilapidation than when I parted with them.

So it really is in organic life. A structure more or less modified from an ideal physiological standard, may be expected, and actually does acceptable duty for a much longer period than one ideally perfect. I purpose now to confine myself mainly to the physiology,—the use of, and what the Lymph apparatus actually does in living bodies.

What is known of the gross anatomy of the Lymphatic system is accessible in text books, and would be out of place here. For the minute, or microscopical nature and character of Lymph tissue, special treatises must be consulted; they are very modern; almost of to-day, and not very interesting to the actual working practitioner—therefore, not found in ordinary medical libraries. But one feature disclosed by microscopists is not without interest, and that is the identity of structure, histologically of serous membranes and Lymph glands. Serous membranes are lymph glands spread out. This fact in connection with the serious nature of active pathological conditions of serous membranes—known as inflammatory, sheds some reflected light on the general physiology of the structures, to which attention will be called at a proper time.

Ordinary methods of physiological study of structures have absolutely failed to throw any light on the uses of this lymphatic system up to this time, when compared with its extent and complexity in the human body. In fact, it is about the only structure histologically considered, the mystery of whose function, remains intact to-day. I speak in this sense of the profession, and learning of the world in the aggregate, not individuals.

A function has been definitely assigned to a portion of the lymphatic system,—that in the abdomen—a different name given, and the thing considered settled, but it won't stay settled. Modern microscopical researches have rudely thrust such settlements aside. And any other settlement which does not embody the facts of nature, will ultimately share the same destiny.

Some years ago the question "How are the structures of a living body reproduced from new material, preserving personal identity through life?" came up for settlement in the course of my investigations of the phenomena of life from a physical stand point.

Elsewhere in nature every special thing of life, during life or just before, or, in the act of death, so to speak, makes provision for its own perpetuation and multiplication. Animal life makes provision for its own perpetuation, in gross during life. With fishes and fowls, by eggs; with the higher forms of life, by carrying embryos in the bodies of females up to a certain point of development—then they are born, and have the care of the parents a longer or shorter time, before entering upon individual independent life.

Examine an egg, a chicken's egg, with which we are, perhaps, most familiar. What do you find? A hard calcareous skin, or external support. Inside of the calcareous envelope a strong membraneous envelope. Here, a clear, ropy albuminous fluid, another delicate envelope with a much denser enclosure of varying yellowish shades of color.

Artificial incubation has shown that nothing is lacking for the production of a perfect young chick, except a steady and elevated range of temperature. Inside of the calcareous envelope of the egg there is the material which, with the assistance of the steady range of external heat, arranges itself in the form of a living chick, occupying, about 21 days. Expressed in a formula—the egg must be held to be; 1st, so much material as needful for: 2d, storing up the force: 3d, and to form the structures of the new chick, up to that point in life at which it can appropriate other, and new material, to its future growth and evolution.

In the vegetable world, each special form of vegetable kind, stores up the force for its own reproduction, multiplication and perpetuation, in a seed, or tube, exactly analagous in its purposes and results, to the egg of the chick.

These facts, it seems to me, throw a good deal of light on the question "How are the structures of a living body reproduced from new material during life, so as to preserve personal identity?"

The conclusion is irresistible, that by some analagous process,

each special structure be it viscus or tissue, in the act of functional decay, "stores up" the force, in the necessary material, to carry its own, and new material, with appropriate and necessary conditions up to the forms of structure from which it was derived.

At all events such a conclusion is in harmony with other, and like processes in other forms of life, and with very much greater probability of its being true, than a reference of it to the operations of an unknown and hypothetical vital force.

The Lymph system, then, becomes by this conception, "the fountain of life." For the lymph is the eggs' seed, or germs, of the several structures of the body from which it is taken, or in which it is found, or derived.

A closer scrutiny will disclose that the lymph system is, in each living body, a unity, serving the same purposes and ends whenever found. That to fulfill the office, or duties here assigned to it, it must have the exact anatomy it has in the human body. That the point at which it is added to the blood stream is the exact and only point at which it should be poured into it, viz: just before entering the heart on its path to the lungs. Here it is mingled with the old, and new material introduced through the stomach, meeting in the lungs the inhaled atmosphere where the bulk of the changes are effected, which fits the material to ascend in chemical complexity, to form the structures of living bodies.

True, this view will necessitate considerable modification of currently accepted physiology of so called "digestion," if that means the bulk of the chemical changes which fits new material to become living flesh. And such modification will greatly simplify our conceptions of "digestion."

The Lymph system with all its complexity and extent, will have a function, according to such a view, corresponding with its anatomical extent, and complexity of structure, viz: to collect from the debris of the tissues, the material in which the several structures have stored up the force for their own reproduction from new material during the life of each individual. The old is by this means, constantly assisted with the new material steadily going into living bodies, so that personal identity, the indisputable posession of each individual, becomes intelligible.

The Lymph is the eggs, seeds, or germs, of the living structures from which it is derived.

The structures of every living body are constantly, during life, undergoing the process of disintegration, waste or decay. As constant a stream of new material, organic, and inorganic, is as steadily going in from the exterior. To repair the structures as they are constantly and momentarily wasted, the supply of seed must be continuous, to insure continuous reproduction. This is the exact condition the Lymph fulfills; varying only as it is needed, in quantity, or as supplied by waste.

It is seen, then, that the Lymph glands perform a most important function in animal organic life. Do the pathological states of the glands correspond with this important conception of their uses? most assuredly they do, for, from the remotest antiquity, pathological changes have been regarded as of the most serious nature.

The most obvious changes are enlargements and suppurations, not alone of the larger or smaller glands, but of the tissues generally, especially the bony, ligamentous, and cartilaginous. Here changes have been known, popularly, from the long ages of the past, as "the King's evil," an omnious, yet, in the light of modern investigations, truthful conception of the reality behind them. And if the source of life—the Lymphatic system—be associated in our minds with the Kingly, or Regal function which it is here shown to possess, could any popular name be more appropriate, or more significant, than the "King's Evil." Affections of the Lymph glands are now regarded as constitutional, an organic defect, seldom or never wholly remediable. A condition of cachexia—depravity of the gravest, and most serious character.

The pathology and remedial management of pathological states of the Lymph apparatus may well engage our attention, for, they lie at the very foundation of our own lives, and the lives of our fellow beings.

I had purposed confining myself to the Physiology of the glandular structures under consideration, yet I trust you will bear with me while I say something in regard to symptomatology of glandular affections.

Very little is known in regard to pathological symptoms of the

Lymph glandular structures, until by their increase in size they attract attention. There seems to be no special sensibility pertaining to them, and not any considerable degree of common sensibility—less certainly than some other structures. These glands, like the invisible forces of nature, do their work in secrecy and silence and show nothing except results. Certainly, enlargements of glandular structures are not what we could call painful, except by mechanical displacement, or pressure. There is, it is true, always more or less disturbance of the general health. Young children are certainly more peevish and fretful; sometimes with temperature above natural, but more frequently just natural. Perhaps I might say as the results of very recent observations, that in the early stages of enlargement there is an elevation, but, under treatment soon settles down to the natural. I have had very recently three cases under observation and professional management, all improving, but not yet well—that is the enlargements of the glands have not yet subsided.

I may, also, be permitted to say, that, as the pathology of the Lymph apparatus is more attentively studied, I think a good deal of light will be thrown upon the phenomena of tuberculosis, cancer, tumors, etc., as well as on certain varieties of chronic skin eruptions, especially on leprosy, elephantiasis, etc.

———:o:———

ART. III.—*Summary of Remarks on Fractures of the shaft of the Femur in Adults.* Reported by JAMES COCHRANE LAY, M. D. M.R.C.S.E.

By invitation of Prof. Frank H. Hamilton, I attended his clinic at Bellevue Hospital, on Wednesday last, to hear what he had to say in regard to the treatment of the above mentioned fracture. The learned Doctor exhibited many splints and appliances which were in use in former times, to keep the fractured bones in apposition, spoke of the great benefit to humanity realized by the discovery of the method of making extension with adhesive plaster, commonly termed "Buck's extension," which at the present time, owing to modifications and improvements, may as justly be called

by any other name, still originally used and described by Dr. Crosby of Hanover. After mentioning the fact which is well known to the profession, that fractures of the shaft of the femur in adults are almost universally, very oblique, thereby causing great difficulty in maintaining due apposition of the fractured extremities, the Doctor exhibited a half dozen or more cases now under treatment, causing them to be brought into the Theatre on their narrow beds, from his surgical wards. Speaking of counter extension, the Dr. remarked that all the plans hitherto adopted of crutches in the perineum, perineal bands, or Plaster of Paris bandages, none now seemed to him to be equal to the counter extension obtained by the weight of the body, on elevating the foot of the bed about four inches and causing the patient to lie flat on the bed with the pillow *under the head only*. The extension employed is effected by a weight of from 15 to 22 lbs. attached to a cord, which passes over a pulley, and from thence to a small piece of wood, about two inches wide, and long enough to prevent the extending adhesive strips from causing lateral pressure on the ankle. The limb is then bandaged from the toes to the knee, where the adhesive strips should terminate. The fractured bones are to be maintained in their natural position by means of four moulded light strips applied to the four aspects of the thigh, and held in position by small bands passing around the whole, and tied over the front splint. Then the Doctor exhibited one of his patients, with the apparatus above described, and also the long splint, which he calls the splint "par excellence" of all. It consists of a long straight piece of pine board about three-fourths of an inch thick, and about four and a half inches wide, the lower end of which is securely fastened to a cross piece of wood long enough to extend both sides of the splint nearly across the bed, say two and a half feet; this cross piece is used to prevent eversion of the foot and limb, which is so common an event. The long splint is well padded and secured by strips of bandage to the whole limb, and above to the trunk as high as the 6th or 7th ribs by broad bandages encircling the body, thereby keeping the limb in a straight line with the body, and the bones in a direct line. With this method of treatment the Doctor stated that he had no difficulty in

securing the most favorable results. In closing his remarks the Doctor alluded, he said with gratification to the fact, that he had just received a copy of the fifth edition of his work on Fractures and Dislocations, translated into the German language and published at Gottingen, a compliment which he mentioned, in order to show the appreciation of those in the old country, for the efforts of those in the new.

———:o:———

Correspondence.

UPTONVILLE, Sept. 9th, 1877.

Editors Medical Journal:

I have been pleased to see that my former letters have been read by some of your subscribers, and that they have attracted some attention. Their object seems however, to be misapprehended, I am not like the critics whom Disraeli hits so hard in his novel Lothair: one who unsuccessful in my calling try to cast mud at all others who follow the same pursuit. While I criticise I do so in the kindest spirit, I have not it is true been eminently successful, although to relieve those who give this or that one the credit of writing these letters I will confess that the pen portrait in the first letter was not taken from nature but may represent any of a large number of struggling young doctors.

The entire object of these missives is to show some of the obstacles which these young physicians meet in their endeavors to practice medicine honestly. Those obstacles are numerous, and all are not beset alike by them. Some may settle in a town where prescribing druggists abound, others where those who should be guides are led into by and forbidden paths whose intricate mazes are but dimly lit by moonshine, others may fall in with a class of older and well meaning fellow practitioners who think they are doing them a special favor when they speak of them in the presence of the laity as "Young" Doctor So and So, and reassuringly say to their patients when called in consultation:—"well your Doc-

tor is doing very well, very well indeed, to be sure he is young, but he has at least done no harm, and *after this* I think he may perhaps change his treatment somewhat and you will do nicely, of course I will run in any time he desires."

So you see what I might be fighting against may not trouble Dr. C., and what troubles Dr. C., may have nothing to do in hindering the advance of either Dr. D., or myself. I have endeavored therefore to keep my eyes open. and by observation and conversation with my medical brethren keep informed as to the stumbling blocks in the way of the young man who follows medicine as a profession.

Young men when they receive their degree and are sent forth to cope with the world for an existence are taught with much reiteration the binding force of the code upon all honorable men, and many of them come to believe that they must fail to gain a practice and even endure the pangs of starvation before breaking one of its precepts. Having a brotherly feeling for all such, let me show them how the code may be "honorably"(?) ignored, or at least, how those who would resent being called dishonorable, manage to evade its plain directions. There are, here in Uptonville, several dispensaries, or infirmaries, or call them what you will. There are the Free General Dispensary where all diseases both medical and surgicial in character are treated; the Provident Surgical Infirmary; the Infirmary for Infants and Children; the Women's Free Dispensing Union for diseases peculiar to females; the Opthalmological Infirmary (a name which at least attracts attention); the Uptonville Association for the relief of the Infirm Poor; and a Homœpathic institution of whose general character I am not informed. The ostensible object of these institutions is one that is most worthy and above reproach.

The poor we have always with us, and to lessen the burdens which they bear is a christian and benevolent act. But is this solely and purely the object of these Infirmaries, Dispensaries and like Associations? Those who are connected with them with seeming honesty and fairness will tell you that there is with them a secondary object in view. They desire to gain experience and practice in certain special lines and at the Dispensaries

and Infirmaries they can separate these diseases into classes and study them as they desire. Ignoring, for the time at least, the question which some impertinently inquisitive patron of the Dispensaries may ask "should not these Doctors have perfected themselves in these lines before they commenced to "practice" on us?" let us see if this is the sole object in organizing a Dispensary. Young Doctor Wisehead receives his diploma and comes to Uptonville to establish himself he selects an office swings out his sign and awaits patients. From loyalty to the sublime teachings of the code or from fear of incurring the displeasure of his seniors he is deterred from announcing to the public that he gives special attention to diseases of women, or to surgery, or to diseases of the nervous system. Our young friend however has a keen eye to the main chances and accordingly looks about him, becomes suddenly interested in the down-trodden poor and connects himself with one of the Dispensaries intended to relieve their physical ills and in due time the public are informed in the annual report of the institution published in the Uptonville *Avalanch*, that Dr. Wisehead has charge of the department of nervous diseases, Dr. Jones of the department of surgery, Dr. Smith that of gynæcology and so on through the list, which is, as you see, a very ready and efficicient means of advertising without paying the usual charges or seeming to break the code. The effect of this ready system of treating the poor, upon the pocket and practice of Dr. Wisehead and his brethren both in and out of dispensary and infirmary circles will be the theme of my next letter, my remarks will be based upon actual experience.

Yours very truly,
NIL DESPERANDUM.

———:o:———

MISCELLANEOUS.

THE ABUSE OE MEDICAL CHARITIES.*

BY ORVILLE F. ROGERS, M. D.

An examination of the reports for last year of all the larger medical charities of the city shows that 92,977 patients were treated

* Read before the Norfolk District Medical Society.

gratuitously in the dispensaries and out-patient departments of the hospitals. The reports of the out-patient departments of the institutions which were in existence ten years ago show that the number treated by them during the past year was about three hundred per cent. greater than in 1866. Not only has the number of beneficiaries of the older institutions increased at this extraordinarily rapid rate, but new charities have been founded and well advertised, and are now, in the language of the reports, doing a "great work." The result of this is that more than twenty-seven per cent. of the population of Boston are treated by the dispensaries and out-patient departments of hospitals. This is an increase far out of proportion to the growth in population or the increase in the number of those relieved by other departments of the various charities. These facts are calculated to produce the impression that the number of medical paupers is greater than it should be, and that there is something wrong in the system of medical relief under which such a state of things can exist. An examination of the mode of administration which obtains at present tends to confirm this impression.

Before admitting a patient to a hospital the authorities satisfy themselves by a critical examination of all the circumstances of the case that the applicant is a person upon whom charity may be properly bestowed. The character of a certain portion of every community renders this course necessary if the charitable contributions of the public are not to be squandered upon professional vagabonds, or that slightly more respectable class who, though able to support themselves if obliged to do so, have neither sufficient self-respect nor honesty to restrain them from availing themselves of every easily obtained charity. Though all this is well known, I have been unable to learn that any efficient restrictive supervision of the out-patient departments and dispensaries is exercised by the managers of these institutions in Boston. Practically they are open to all. When a charitable institution is administered in such a manner as to *invite* fraud, it is not strange that its consultation rooms are thronged with crowds of shameless imposters as well as by the deserving poor. In view of all the opportunities there are for obtaining gratuitous medical advice, it is surprising that so many of the poorer classes still employ and pay a doctor. Ignorance of the privileges offered or self-respect have heretofore kept many from becoming hangers-on of the out-patient department; but the ignorant are rapidly becoming informed and accept what is so freely given, and the scruples of the would-be honest are overcome by the influences of the out-patient consultation room, a place where medical advice is so cheapened that it is a question whether patient or doctor confer the favor, where there is no official to ask unpleasant questions as to the pecuniary ability of the applicant, and where a cheerful doctor sits with somewhat of the air of a man giving a reception to his friends, and bids them all as they

depart to "come again." The cry of "hard times," while properly raised by some, offers a ready-made excuse to those who have just honesty enough to feel the need of a salve for their consciences while they are stealing an ointment for their shins. It is not claimed that many of the really well-to-do class are found here, but the unscrupulous cupidity of some leads them to don their uniform of old clothes and enlist for a limited term of service in the ignoble army of medical "bummers."

It is impossible at present to say what proportion of those who apply for gratuitous treatment are able to pay. At the Massachusetts General Hospital the voluntary contributions of out-patients during 1876 was one hundred and twenty-six dollars; but this sum cannot be supposed to represent the paying capacity of its seventeen thousand out-patients. It undoubtedly represents several thousands of dollars which these people would have paid the profession as fees for services had not the hospital gratuitously furnished them.

It was found at the London Hospital, Whitechapel Road, that forty-nine per cent. of the out-patients should not have applied there. Probably a similar state of things exists in this country. Whether the proportion of imposters is as large in Boston as in London is immaterial to the discussion, as the one point to be emphasized here is that the out-patient and dispensary systems *invite* patients and frauds instead of raising suitable safeguards in the interests of justice. In order that one acquainted with the system may suppose that grave abuses do not exist, he would have to believe that the mass of the lower orders of the community are possessed of incorruptible honesty, of self-respect and a nice sense of honor, which propositions will hardly be accepted by one who has practiced medicine for any length of time.

The blame for the present condition of affairs largely rests with the members of the medical profession. If physicians were not willing and even anxious to give their services in the out-patient department for the sake of clinical advantages, this system would be speedily overthrown. So long as the cost of maintaining hospitals and dispensaries is not materially increased by wholesale charities of this character, the public cannot be expected to interest itself in the matter; but if it were to cost the institutions a small sum for each patient, checks upon this abuse would be immediately applied. Hence those who serve gratuitously in the out-patient departments and dispensaries are mainly responsible for the existing system. These men cannot claim that they do this solely in the interest of suffering humanity, for the ends they have in view are chiefly selfish. They hope through the many advantages of the place to gain a reputation and a lucrative practice, and to fit themselves to fill prominent positions in the profession. Whether these objects, worthy in themselves, justify a few men in disregarding the interests of the profession at large is a question to which there

can be but one reply. It is an unpleasant fact that the new dispensaries and departments of out-door relief devoted to the various specialties are usually opened fully as much for the advantage of those who are to have charge of them as for the suffering poor, and every effort is made to justify their establishment by extending their benefits to nearly every one, worthy or unworthy, who may apply at their doors, and upon the fact that large numbers are willing to accept this aid is based an appeal to the public to contribute generously, in order that this so-called "beneficent work" may be prosecuted on a still greater scale.

There is a growing feeling in the profession that this system is wrong, and that a reform is needed. Unfortunately, this feeling is not shared by the medical officers of these charitable institutions, who are rather inclined to resent any attempt to diminish the number of patients as an assault upon their privileges. It is not easy to find a remedy for the evils complained of.

In England, where the subject has excited considerable interest, the provident dispensary plan has been tried with a certain measure of success. An effort has been made to establish a similar institution in New York, but so far it has been without any tangible result. This is not surprising, since the provident dispensary, based upon the just principle that valuable services demand reasonable payment, is obliged to compete in the same field with old institutions which gratuitously render the same services. It has been proposed to charge all applicants at the out-patient department a small fee, but this is obviously inexpedient, and so far as I can learn has not been tried. Certainly no more efficient plan could be devised for defeating the very end for which the out-patient department was established, namely, the relief of the destitute.* The New York Hospital has adopted the system of selling the privileges of the out-patient department for a dollar a month to any who may apply. These plans are wrong in principle, and the profession should earnestly protest against their further adoption. The dollar-a-month system, especially, is an innovation so dangerous to the interests of the profession and so manifestly wrong that it is astonishing that reputable physicians are willing to assist in carrying it into execution. If this movement is widely imitated it will not be long before the profession will have nearly all the indigent sick upon its hands, and the hospitals will have the bulk of the paying patients of the poorer class. If this plan has been devised as a remedy for present ills, it is a striking example of a remedy that is worse than the disease. It has been thought that if the number of physicians to out-patients were increased, and they were instructed to institute a searching inquiry into the pecuniary ability

* Since writing the above I have learned that the Massachusetts General Hospital has adopted this plan of demanding a fee from all, and that they make some inquiry into the circumstances of those who claim to be unable to pay. It is to be hoped that the hospital will ultimately turn away those able to pay a fee and attend only those who are its legitimate patients

of all applicants, and to send away those able to pay a moderate fee, the evil would be soon overcome. This method would undoubtedly succeed if the cordial co-operation of the medical officers could be secured; but this, for reasons before given, cannot be expected. If this duty were entrusted to an officer, not a medical man, who should carry his inquiries into the homes of all who became patients, imposition on any large scale would be prevented.

The proposal to abolish the out-patient department has been adopted by the managers of two hospitals in London, who were unable otherwise to rid themselves of the horde of barefaced impostors that infested their consultation rooms. The Board of Jewish Guardians of London has also taken similar action. Their decision in this matter is worthy of consideration, since the Jews are acknowledged to be most skillful and humane in the care of the poor. The only valid objection to this course that can be raised is that the sick poor would not be cared for. There is little probability that any case would go untreated, since humanity and self-interest alike prompt the profession to render aid whenever it is required. The abolition of the out-patient department would throw a large burden upon the profession, but the greater part of it would fall upon the young practitioners, who would gladly assume it for the sake of the experience and the moderate pecuniary recompense to be gained. Perhaps the radical expedient of abolishing the out-patient department may not be adopted in Boston; certainly it will not be if that large and influential body of men connected with the medical schools and the hospitals can help it. Nevertheless, some plan ought to be devised to prevent the shameless begging which now prevails. It will be, and the evil system, fostered by the active connivance of a portion of the profession and maintained by the conservatism and indifference of the managers of medical charities, will be overthrown.

One of the worst features of the wholesale relief system is that the loss falls heaviest upon those who can least afford to bear it,—the younger members of the profession. During the earlier portion of the professional life of most men the poor are their best friends and their only patients. In fact, the poor are the very breath of their nostrils. Even a patient unable to pay a penny is often of much benefit to his doctor. It is needless to dilate upon this point, as every physician knows that the poor offer the young man almost his only field for making a living and a reputation. A large portion of that field has already been taken from him, and if the present order of things is to continue and the number of medical beneficiaries is to increase during the next decade as it has in the last, not only will the portion of the young man be lost, but some of the older brethren will have to say with the Psalmist: "Thou broughtest *us* into the net; thou laidest affliction upon *our* loins."—*Boston Medical and Surgical Journal.*

FERRUM DIALYSATUM.

BY L. P. YANDELL, JR., M. D., Professor of Therapeutics and Clinical Medicine, University of Louisville.

Dialysed iron has been used to a limited extent for some years in Europe, but it is only within the past few months that it has attracted much attention in America. It is now manufactured on a large scale by Wyeth & Brother, of Philadelphia, and according to the highest authorities in pharmacy this American preparation is greatly superior to the foreign article.

For more than a month I have employed dialysed iron in my practice to the exclusion of all other forms of the metal, and with most gratifying results. The manufacturers claim for dialysed iron the following advantages: It is tasteless, does not blacken the teeth, does not produce headache, gastric derangement, or constipation, and acts as efficaciously in ten-drop doses given four or five times a day as in double or quadruple these quantities. Besides, it is asserted to be equally as reliable an antidote to arsenic as the hydrate sesquioxide. In color it is a bright, reddish brown. Taken undiluted it has the faintest possible styptic taste, but this is not observable when water is added. It is possessed of a slight, peculiar flavor, resembling that of fresh blood, but not in the least unpleasant. In cold weather it is said to become thick—gelatiniform, and that a few drops of impure water to a considerable quantity of the fluid may produce this result at any time. This coagulation I have noticed even with the thermometer ranging between 80° and 90°; but a small quantity of distilled water added immediately restores its liquidity.

In anæmia, from various causes, in the neuroses, dermatoses, menstrual derangements, phthisis, syphilis, sexual debility, and indeed in all of the morbid conditions for which I have prescribed *ferrum dialysatum* it has given perfect satisfaction, except in two cases, where it produced some constipation; but in both these instances it was administered in what the manufacturers state are unnecessarily large doses. In one, a lady, half teaspoonful was given thrice daily, and in the other, a girl of six years, fifteen drops were given thrice daily. In many others, half-teaspoonful doses given three to six times in the twenty-four hours led to no unpleasant results. In restoring the appetite, and in building up strength this form of iron has seemed to surpass all others. Already Messrs. Wyeth's new preparation has become popular with those who have used it, and when its excellencies have become generally known, it is safe to predict that it will supersede nearly all of the other ferruginous preparations.

Anstie insisted on the necessity of iron in the treatment of the neuroses, and what he claimed for iron in this class of maladies is

equally true of other diseases. Iron deserves to rank as the king of metals in medicine, as it does in the arts and manufactures.

Dialysed iron may be given in any vehicle desired—syrups, elixirs, tinctures, or glycerites, but simple water is most likely to be preferred by the sick, as in this way it is without taste, and sick people usually dislike flavors.

Many formulæ are suggested in the pharmaceutical journals for the manufacture of dialysed iron, but with its mode of production the physician is not concerned. Suffice it to say that this addition to the materia medica is made from the liquor of the perchloride of iron, and the dialysis is performed by percolation through parchment, bladder, or fine parchment paper, after the components of the medicine have been properly commingled.—*Louisville Medical News.*

———:o:———

TYPHOID INFECTION.

We are indebted to one of our recent exchanges for the following abstract of experiments, performed by M. J. Guerin. He wished to determine whether the stools in typhoid fever had a poisonous action. He sought more especially to determine whether the dejections of typhoid fever patients contained an infecting matter from the beginning:—

1. Subcutaneous injections of diarrhœic typhoid stools were made on twelve rabbits. Ten of the rabbits died in the course of the first four days, while one died a month after, and one recovered.

2. The heart's blood of a rabbit which had died on the third day after the injection of the typhoid stool was inoculated in another rabbit. This rabbit died on the next day. Injections of fæces which came from individuals suffering from other diseases were without any results.

3. Fæces, intestinal blood, urine, detritus of swollen mesenteric glands, and constituents of intestinal ulcers which came from a typhoid fever patient were inoculated on twelve rabbits. These all died at the latest thirty hours afterwards, with severe general symptoms. Three of them had diarrhœa Post mortem examination showed no characteristic changes.

4. Material which came from typhoid fever patients (blood, urine, and fæces), and which had been kept four months, was inoculated on six rabbits. All these animals died without showing characteristic changes on dissection.

The conclusions which the author arrives at from his experiments are as follows:—

1. Typhoid stools immediately after being passed contain a poison which kills rabbits in a short time.

2. The blood and urine of typhoid fever patients has the same quality, as does also the detritus of swollen mesenteric glands, and typhoid intestinal ulcers.

3. This property is not lost by keeping the material for months.
4. The fæces of healthy individuals or of those suffering from other diseases do not possess this property.—*Boston Med. and Surg. Journal.*

———:o:———

NATURE OF COMMUNICABLE DISEASES.

The views held by Dr. Richardson are so diametrically opposed to those of Prof. Lister and other advocates of the "germ theory" that I take the liberty of giving you a brief summary of the same.

Dr. Richardson in the begining stated that he entirely disbelieved in the theory of germs as possible or probable agents in the communication of disease; and, moreover, he had considerable doubts as to their existence. He holds that the poisons by which communicable diseases are spread abroad are the results of disturbed glandular action, and that they bear a general resemblance to snake-poison, which differs from them rather in being a natural product of the glands which form it than in any other way. According to this view, the poison of scarlet fever or of typhoid is not a germ, but simply a diseased secretion, indebted for any characters of vitality it may possess to the fact that it is a product, though a perverted one, of vital action. He described at length some of the peculiarities of the different specific poisons—different, he maintains, because elaborated by different organs—and traced many of the best-known laws of contagion to these peculiarities; as, for example, to the varying extent to which the poisons are affected by high or low temperatures. He regards the patient suffering from a communicable disease simply as a poison-producing animal, as one who is temporarily brought into a condition analogous to that of the poisonous snake, and who, as he returns to a state of health, casts off the poison by natural channels and ceases to produce more of it. It is, Dr. Richardson points out, a strong argument in favor of this view that the communicable diseases so frequently terminate in recovery. It is perfectly intelligible that the natural function of any gland may be perverted by disease, that it may produce a morbid secretion for a time, and that it may return to a natural condition; but if the body were infested with germs or other reproductive organisms, multiplying and occasioning illness by their presence, there is, he thinks, no intelligible reason why they should cease from multiplying as long as their host continues to live and to afford them the necessities of their existence. On the germ theory it is, he argued, difficult to understand how or why a patient ever should recover; but on his own view recovery is but one of the natural terminations of the derangement.

You can not afford me the space to attempt to weigh the opposed theories for which the evidence is as yet incomplete. Sanitary re-

formers, at any rate, may be expected to feel a bias in favor of a doctrine which, as opposed to the germ theory or the idea of the material of contagion as something full of independent life, is full of encouragement to their efforts. If, as Dr. Richardson argued so forcibly, the air around us is charged with invisible germs of disease, which come whence we know not, which have unlimited power of developement, and which never cease to multiply, what hope is there that the skill of man will ever overcome these hidden foes? If, on the other hand, the sick person is merely an animal rendered temporarily poisonous, we have only to isolate him from susceptible persons and to destroy the secretions which are the outlets of his poison, in order to render the spread of disease impossible. From this point of view the glandular theory, it must be confessed, encourages hope for the sanitary future of the human race.—*Louisville Medical News.*

———:o:———

A New Instrument for the Administration of Compressed Air.

Dr. F. H. Davis, of Chicago, has devised a new instrument that is designed to be a cheap substitute for the more expensive ones, such as Waldenburg's, now in use. It consists of a small gasometer, fifteen inches in diameter by twenty-four inches in height, and should be made of galvanized iron. On the side of the outer tank two upright bands are soldered, embracing between them a slip of wood that reaches twelve inches above the tank, and to the extremity of which is hinged a wooden lever two feet long. A handle in the middle of the inner tank is attached to the middle of the wooden lever. But slight exertion on the part of the patient in raising or lowering this lever, produces all the pressure or suction necessary. The apparatus can be made by any tinsmith, and with three feet of three-quarter inch hose, costs from four to five dollars. The patient inspires the compressed air, or, *vice versa*, expires into rarefied air and inspires again the ordinary atmosphere. To obtain more marked result two gasometers are sometimes employed—one to inspire from, and one to expire into. As the lever is raised the patient expires into the one, the other being at the same time raised full of fresh air; he then inspires the fresh air as the lever is depressed, the foul air at the same time emptying itself from the first tank. One mouthpiece only need be used, and a light guage may be attached to show the exact amount of pressure or suction. Fitted out in this way the apparatus would cost from fifteen to twenty dollars. Dr. Davis has seen the advantage of this treatment in several classes of cases. It has been chiefly in those young persons of slight physique, whose chests were flat and narrow, and had deficient expansive power. While physicial examination showed no tubercular deposits, there was a sensitive condition of the air-passages causing frequent attacks of cold. In such per-

sons the inhalation of compressed air from five to ten minutes, once or twice a day, produced very decided improvement. Under its use, in combination with some tonic, such as the malt extract or cod-liver oil, the patient's condition improved, his carriage became more erect, inspiration deepened, and the sensitiveness to catarrhal attacks lessened. Where there is incipient or primary tuberculosis, such as is shown by a loss of flesh and strength, with diminished appetite, shortness of breath on exercise, slight pains in the chest, usually a hacking cough and expectoration of a mucous character, rather harsh bronchial respiration, and more or less dulness on percussion, it is thought that the question of improvement under compressed air will depend a good deal upon the hereditary taint. When the phthisis is *inflammatory* in its origin, the best of results may be anticipated, unless the stage of softening has commenced, and then this treatment should not be attempted for fear of hemorrhage. In emphysema and valvular diseases of the heart the author has had no experience.—*Chicago Med. Journal & Examiner*, Oct., 1877. *Medical Record.*

———:o:———

DIPHTHERIA, CROUP, AND TRACHEOTOMY.

M. Revilliod has reached the following conclusions:

Diphtheria is an acute specific malady, and characterized anatomically by peculiar false membranes in the respiratory tract. It manifests itself by variable lesions—at one time a benign form in which the symptoms depend solely upon a local lesion, at other times a malignant one, where there is an exhibition of general infection. A nosological distinction between croupal and diphtheritic affections, based upon pathological anatomy, does not conform to clinical experience. These two types belong to one and the same source, because—1, between them all sorts of intermediate forms are to be seen, both in local lesions and in general phenomena; and 2, they develop in the same epedimic, under the influence of the same *contagium;* and 3, often immediately succeed one another in the same individual. Like every infectious disease, the endemic diphtheria of cities is epidemic in the country.

The mortality by diphtheritic infection is greater in the cities than in the country, in the hospitals than in the cities, in the large hospitals than in the small. It varies just as the infective force, according to the period and the country. Diphtheria distinguishes itself from other virulent maladies by the special receptivity which certain families offer, in virtue of which brothers and sisters are often attacked successively under conditions of time and place which do not admit any question of contagion. There is no specific against diphtheria. In the third stage, tracheotomy is indicated whatever be the conditions of age, constitution, complication,

or asphyxia. Two-fifths should recover. But success depends upon subsequent attention and the degree of the diphtheritic infection. One of the most frequent causes of death after tracheotomy is a trouble in the innervation of the pulmonary apparatus, and is really an extension of the paralysis of other parts, as shown by the expiring dyspnœa, anæsthesis of the thachea, and nutritive disorders of the lungs.—*La France Medicale*, 80, 1877. *Medical Record.*

———:o:———

OVARIOTOMY DURING PREGNANCY.

In closing the discussion of the subject, Mr. Wells said he had, according to his memory, declined to operate upon eight or nine patients who had applied to him for relief from this disease—about as many as he had operated upon; and some had declined to accept the operation after he had recommended it. No rule could be laid down to direct the action of a member of the profession as to his course in a given case; the case must declare the remedy. Such questions as the general health and surroundings of the patient, age, the puerperal state, and the rapidity of growth in the tumor, would come up for consideration, and must be decided by the judgment and experience of the surgeon at the time. With many patients the only hope of escape from death was through the operation, and the success of the operation in his hands in the past would, should occasion require, warrant him in recommending it in the future.—*American Practitioner.*

———:o:———

Repeating Physicians' Prescriptions.—Physicians complain that their prescriptions are not only used by their patients, but handed round oftentimes amongst a large circle of friends, and in many instances handed down from generation to generation as a kind of heirloom. This custom has its attendant dangers, and in the case of poisons might be productive of bad results, to remedy which it is proposed in Germany to institute a law prohibiting chemists to make up any prescriptions containing strong remedies —as drastics, emmenagogues, sedatives, etc.—unless the prescription is again countersigned by the medical man who originally gave it.—*Medical Press and Circ.*

———:o:———

PROF. PAUL F. EVE, M. D.,

NASHVILLE, TENN.

Professor Paul Fitzsimmons Eve, the distinguished Southern surgeon, died suddenly, while in attendance upon a patient, November 3d, aged seventy-one years. He was born June 26, 1806, near Augusta, Georgia; graduated at the University of Georgia in

1826; as M. D., at the University of Pennsylvania in 1828, and was a student several years in Europe. He served as a volunteer surgeon in the Polish revolution of 1831, and received therefor the Golden Cross of Honor of Poland that year. He became Professor of Surgery in the Medical College of Georgia in 1832, in the Louisville University in 1849, in the Nashville University in 1850, and in the Missouri Medical College, St. Louis, in 1868. In 1870 he accepted the chair of Operative and Clinical Surgery in the University of Nashville, which position he held at the time of his death. As a representative man for the South he was, in 1857, chosen President of the American Medical Association. During the rebellion he served as surgeon in the Confederate Army, and for the greater part of his professional career was identified, directly or indirectly, with medical journalism in his section of country. A hard worker in his profession, his strictly methodical and temperate habits enabled him to carry his burden of duties up to the very threshold of death, and lay them down to enter at once into his eternal rest. Prof. Eve, as a surgeon, will be best remembered in connection with his remarkable successes as a lithotomist. Of ninety-two bilateral operations for stone eight only terminated fatally. His last notable contribution to medical literature was his address on Surgery at the International Medical Congress in 1876.—*Medical Record.*

———:o:———

A Tribute to the Memory of the Late Prof. Hadley.

Prof. Thomas F. Rochester delivered the opening lecture in the course of the Buffalo Medical College on the evening of November 7th, 1877, and at the close of his lecture proper rendered the following

TRIBUTE TO THE MEMORY OF PROF. GEORGE HADLEY.

GENTLEMEN AND COLLEAGUES OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF BUFFALO: We meet this evening under peculiar circumstances of sadness and solemnity. Since the last re-union of this kind one of the most cherished of our number has passed away from earth forever. One of the original Faculty and founders of this institution, and one who has done much to promote its reputation and its growth by his zeal, his integrity and his remarkable professional attainments. How great indeed is the void produced by the death of George Hadley. How great our loss and how profound our grief—words fail to convey an adequate idea.

To you, sir (Prof. Jame P. White), who alone remain of the original number of the then young men who with equal courage and

enthusiasm resolved to establish and to maintain a Medical College in Buffalo (and to resolve was to accomplish), we extend our condolence, on the severance of the last link which united you with a circle of professional brothers, every one of whom was successful, and for the majority of whom we proudly claim eminence and world-wide renown. That this expression is not extravagant it needs but to mention our Faculty of thirty years gone by, naming them in their order on the College records. The Hadleys, James and George, father and son, Charles B. Coventry, James Webster, Charles F. Lee, Frank H. Hamilton, James P. White and Austin Flint. Of this number only the last three are now living—and what their position in the scientific and medical world it needs not my voice to tell. May you, sir, the sole connecting bond remaining to us, between the past and the present association of teachers, long be spared, to guide us by your counsels, to profit us by your teachings, and to be associated with us in this medical school, which you have done more than any other person, past or present, to found, build and sustain.

Peaceful be thy rest, oh friend and brother departed, as is thy memory fragrant and grateful.

Student—No longer from this platform will you hear the gentle voice which has so often spoken to you in truthful and persuasive tones of that science in which it was his delight to give instruction. Never again will you witness that genial smile with which it was his wont to encourage the timid but earnest and studious pupil, or which illumed his contenance on which the beams of quiet wit and humor often played. Those of you who are not now present for the first time know what you have lost, although for the past two years his physical forces were much impaired by the cardiac affection under which he labored, and which, but for his will and his energy would have long since compelled his retirement from public duty. But like every true savant and philanthropist, he courageously persisted in his work and was one of those commended "as faithful to the end." To those of you who only knew Prof. Hadley by reputation, and to no one present was he a stranger in that way, a sketch of his life, necessarily a very brief one, will, I think, be acceptable.

George Hadley was the eldest son of Prof. James Hadley. He was born in Steuben, Oneida county, N. Y., June 20th, 1813. His father was teaching chemistry in the Medical School at Fairfield, Herkimer county, N. Y., and from his very infancy he was as it were surrounded by influences which determined his future career. His father's labratory was his early school and playground. At twenty-one he graduated in letters at Hamilton and five years later in medicine at Fairfield, having attended six courses of lectures. He became at once his father's assistant, and accompanied the latter when he removed his family to Geneva to take the chair of chemistry in the flourishing medical college in that village. In May,

1840, he went to Lockport, and from that time until October, 1841, served as an engineer on the Erie Canal under Alfred Barrett, Chief Engineer on that public work, Western Division. This was a time of great activity and enjoyment. He went up the Genesee Valley Canal as far as Cuba, and made minute examinations of the falls and ravine at Portage. His record book is full of plans, sketches, sections and calculations. In January, 1841, he went to Albany and spent three months in the Canal Office working up reports. Interrupted by an attack of inflammatory rheumatism which recurred again in April—and probably at that remote day the foundation of his ultimately fatal heart disease was laid—he resumed his active work in the Canal Office in May and continued it until he started for the far West, for other and more congenial occupation, for in the fall of 1841 George Hadley was elected Professor of Chemistry in the University of Missouri, situated at Columbia, where he remained for two years. While there he made many sketches with his ready pen and pencil illustrative of the educational surroundings of border life which are now in the possession of his family. They are both instructive and amusing. In 1843-4, after his return from Missouri, Dr. Hadley spent the winter months in New Haven, Conn., attending Silliman's lectures on chemistry and geology and studying geology more particularly. He has left a portfolio of admirable geological drawings made at this time from the works of Agassiz and Forbes on the glaciers, which he studied very thoroughly. It was shortly after this period (1847) that he spent some months in the Lake Superior regions (northern shore), in the service of a Canadian mining company, investigating scientifically the copper and other mineral deposits, and acquiring that precise knowledge of metals and metallurgy for which he was subsequently very frequently consulted. His narratives of his manner of life while there was always extremely interesting, abounding as they did in curious incidents and in vivid scenic descriptions. His tales of his wanderings in birch bark canoes with the Indians as his sole companions, and his enthusiastic reference to the bracing atmosphere and the clear skies and the immense expanse of vision and of the boundless blue waters, sounded like the tales of Cooper or of Scott. It is not strange that in his failing days he went again to this elysium of his youth in hopes of restoration.

In 1846, his father having been appointed Professor of Chemistry in this institution, he was associated with him as lecturer, and two years later succeeded him as Professor, the latter retiring with the well deserved title of Emeritus. This chair he filled, I need not tell how acceptably, during the remainder of his life. Besides discharging his duties here he lectured in Castleton, Vt., from 1856 to 1861, and at Middlebury, Vt., in 1858-59. On January 2, 1855, he was married in New Haven, Conn., to Miss Sophia G. Larned, sister of the eminent Prof. Wm. A. Larned of Yale College—this lady being up to this time teacher of chemistry and other sciences

in the celebrated educational school for young ladies kept by Miss Bush of New Haven. From this time forward he spent but little time away from Buffalo. It was his home; and here with his own family and with his aged parents, who lived with him, he delighted to dwell in his modest and comfortable residence in the outskirts of the city. It was near enough for all business purposes, and yet sufficiently removed to allow him to indulge in the pleasure of gardening and horticulture, of which, like his father, he was very fond. Besides discharging all the obligations resulting from his connection with the College he taught his favorite branch while his health permitted in the State Normal School. He became a member of the American Association for the Advancement of Sciences early in its existence, and was among the first to be elected a Fellow of the same. He was also a most valued member of the Buffalo Society of Natural Sciences and President of the Buffalo Microscopic Society. He had no idle moments; he was always busy, and busy about something useful. He published but little, but he wrote and thought much. He has left two thousand closely written pages of notes and observations of most valuable matter which it is hoped may some day be published in whole or in part. There is no waste of words in them, there is a mine of wisdom and of truth. A writer in THE COURIER of Oct. 17th has so well expressed his character that I cannot forbear to quote a portion of his article.

As a lecturer he was in many respects unequaled. Modest and unpretending in manner, he won the confidence and love of those under his instruction; and his clear and convincing demonstrations so appealed to the intelligence of the student and the young physician as to win their very highest regard. He presented nothing as truth that he did not know to be the truth, and by his associate Professors as well as those in whose professional education he was immediately interested he was regarded as infallible in his teachings.

He was distinguished as a medico-legal witness and in this department he was probably without a successful rival in the country. His remarkable faculty for stating the chemical processes by which he reached his conclusions, and the clearness, conciseness and precision of his explanations carried unfailing conviction; and the court records of this and the adjoining counties bear witness to the high regard in which his opinions were held.

An inborn love of truth was the dominating trait in his character, and in his private as in his professional life this declared itself most actively and uncompromisingly. This trait was equalled by his modesty and unobtrusiveness; and his moral and social qualities were on a par with his great intellectual gifts and attainments. He was a model scholar, teacher and Christian gentlemen.

He died on the 16th of October, 1877; and when his demise was announced sadness prevaded this whole city—a light had gone out from it. Every professional man mourned a personal loss. His

colleagues convened and took appropriate action, as did also the Medical Society of the county; and the words of commendation of his life, of sorrow for his death and of respect for his memory were no mere conventional formalities, they were earnest and heartfelt. All the day of his funeral the pall of darkness overspread the sky, and the tears of the heavens fell abundantly. It was appropriate; it was from sorrow that so good an example of a man and so wise an expounder of Nature's laws had been taken from this earth.

At the obsequies, young gentlemen, many of you performed most appropriate and acceptable service as an honor guard; may the lesson of that hour be stamped upon your hearts forever—and at last, of each one of you may it be said: "Well done, good and faithful servant."

"Can that man be dead, whose spiritual influence is upon his kind ?
He lives in glory, and his speaking dust
Has more of life than half its breathing moulds." —*Miss Landon.*

———:o:———

EDITORIAL.

MODERN HOMEOPATHY "DOES 'EM A GREAT DEAL OF GOOD."

A few weeks since we listened to an "exhaustive" dissertation upon Homeopathy by a member of our city Association, in which an effort was made to describe the principles of the Homeopathic practice of the present time. After it was finished the members seemed as ignorant and uncertain as to the real nature of Homeopathy as before. We thought we could describe and illustrate its principles and practice in two minutes, if the Society would permit relation of a bit of personal experience. Not long ago we were invited to visit a distinguished citizen of Buffalo, fatally ill at one of the most popular Homeopathic Water Cures of the State. We found in attendance a very gentlemanly, and we have no doubt well informed physician, of whom we would speak only in kindest and most respectful terms. After our consultation (if we may call it such,) we confidentially inquired of him: Now Doctor what do you do for all this company of invalids? He says, "Doctor, I had as soon tell you as not, we do not have many patients suffering from any real disease. For these ladies here, we order baths. Hot cold and medicated, and if we can get most of them to undress and dress themselves four or five times daily, they will soon be better, and the baths certainly do no harm. For the real sick ones we give all the medicines which you give, all that any physician gives and in the same doses. We give mercury, iodine, quinine, opium, and all other medicines deemed valuable by physicians, then we give our homeopathic remedies to boot. We take out one of these, (passing his fingers over his case of small bottles,) it makes no difference which one we select, and put a little of it into a tumbler, add some water and give them a teaspoon, telling them to take a teaspoonful every half

hour." With evident satisfaction he says: "Now Doctor, *you* think homeopathy is a humbug, but *I* tell you it does 'em a great deal of good."

———:o:———

Lectures in the Buffalo Medical College.

The regular lecture term in the Buffalo Medical College, commenced Nov. 7th, with a very unusually large class, the Hospital Amphitheatre for Clinics being for the first time much too small for their accommodation. The Medical Profession must be offering inducements to Doctors, which in Buffalo, is poorly appreciated. The clergy and even the women are trying to compete for its honors and rewards. As we look over the crowded Amphitheatre, we are force to repeat Abernethy's old prayer, new of course, every time it is repeated, "God have mercy on you all."

But we have never seen a more intelligent, attentive and attractive company of young men, whose earnest attention and manner speaks whole volumes for their future usefulness and success. The Medical profession of the future can be now seen in our Medical Colleges, and all true lovers of the profession, will take pride and pleasure in the character and standing of the young men composing the classes in our Medical Colleges.

The lectures upon Chemistry will be given by Dr. Charles A. Doremus, the talented son of the distinguished Professor, R. Ogden Doremus, of Bellevue Hospital Medical College, commencing Dec. 12th, 1877. This gentlemen brings the highest testimonials from the profession in New York, and a very instructive and pleasing course is anticipated.

———:o:———

LACTOPEPTINE.

Pepsin is unquestionably a valuable remedy in some cases of indigestion, but does not seem to meet all the requirements of many dyspeptic cases. Lactopeptine is presented to the profession as meeting all the indications in cases of mal-nutrition and non-assimilation, composed according to the formula, of ptyalin, pepsin, pancreatine, hydrochloric and lactic, acids. It is claimed to be a combination of all the digestive agents. If we can prescribe chemically for disorder of the digestive function, such a combination would appear worthy of trial and experience has demonstrated its value in many cases. Dr. Merritt remarks, "the more my experience in its varied applicability extends, the more its beneficial effects appear."

Books Reviewed.

Forensic Medicine and Toxicology. By W. BATHURST WOODMAN, M. D., F.R.C.P. and CHARLES MEYMOTT TIDY, M. B., F.C.S. Philadelphia: Lindsay & Blakiston, 1877. Buffalo: T. H. Butler. pp. 1083. Price, cloth $7.50. Leather, $8.50.

This is the joint production of two most favorably known authors. The work that they have already given the profession would lead us to expect something more than common, and we were not disappointed. Nearly one half the volume is devoted to Toxicology, and is one of the most complete treatises upon this subject in our language. It is fully illustrated with eight full page lithographic plates and over one hundred wood cuts. These illustrations are so skillfully drawn that lawyers and non-professional men can easily master the main facts.

It is preeminently English, and modern to the last degree, but the authors have laid all countries and writers under contribution in order to produce the present excellent volume. We quote from the *London Lancet* to show the opinion in which it is held in England. "It contains almost everything that can be found in other works on the subject; but it is no mere compilation. Dr. Woodman and Dr. Tidy have both thought out the subject for themselves, and, with care, industry, and acumen, have brought together a mass of facts, which is little short of astounding. The book is worthy to take its place alongside of any work on the same subject, and must prove of great use to all who practice in criminal courts, and to all medical practitioners. We have no hesitation in recommending it to our readers."

We can only echo this just opinion of so excellent a production. C.

Lectures on Practical Surgery. By H. H. TOLAND, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery in the Medical Department of the University of California. With numerous illustrations. Philadelphia: Lindsay & Blakiston, 1877. Buffalo: T. H. Butler. pp. 508, price, cloth $4.50, leather $5.00.

A veteran surgeon who has acquired wealth and fame through the legitimate exercise of his profession, and as a teacher in it, could scarcely fail to have some marvels to relate. It appears that "Tolands' luck in surgery" has, among his co-workers, passed into a proverb. He is too busy about other things to write a book, and his class employed one of the best stenographers of San Francisco to take down his lectures. They were delivered extemporaneously, and the flavor of the book must necessarily differ from one that is written. Removal of an entire os frontis which was necrosed from syphilitic infection, p. 498, and a complete new growth of the same, is among the unusual operations and results mentioned. Compound dislocation of the ankle joint was in one case sufficiently recovered in forty-six days, to allow the patient to attend to his business in a neighboring city.

The author says, "I have been practicing surgery for thirty years, and yet I have neither lost a patient on the table, nor within five days after the operation was performed."

Again, "I have never had, during a long and extensive surgical practice, to remove the dressings but once on account of hemorrhage. He prefers the bilateral operation in lithotomy, and the circular operation in amputations, and never tries to heal a stump by first intention. He says "I would as soon think of committing suicide as of placing an oblique fracture of the tibia in an ordinary fracture box filled with either sand, sawdust, or any of the other substances used for that purpose."

"I have never had a case of simple fracture in which ulceration of the skin resulted either from inflammation, or from the improper pressure of bandages, or splints, except in the first case treated."

The book is elementary in character as is much of the best instruction in Medical Colleges. Dupuytren and Gross are the men whom he most quotes, admires and follows, and they are recognized as leaders in an army of heroes. He does not so much as mention the antiseptic method.

The teachings of thirty years ago are not the teachings of to-day. Perhaps our author might, with justice, be called a little old fashioned, but his success, as we learn it from this volume, has been remarkable. Accuracy in diagnosis and carefulness in prognosis, with keen observation, a brave heart, a cool head, and a steady deftness of hand, with close attention to, and a love of his profession and the best possible preparation for his work, are the apparent elements of his somewhat unusual success. M. B. M.

The Ear; Its Anatomy, Physiology, and Diseases. A Practical Treatise for the use of Medical Students and Practitioners. By CHARLES H. BURNETT, A. M., M. D. Philadelphia: Henry C. Lea. 1877. Buffalo: T. H. Butler.

A full and comparatively exhaustive treatise is here presented. It is divided into two parts, the first giving the anatomy and physiology of the ear, the second its diseases and their treatment. The anatomy is written up at length and will be found instructive to the student and general practitioner; It will be a great help to the study of the pathological changes in the various tissues.

The second part is sub-divided into seven sections treating of, examination of patients; diseases of the auricle; of the external auditory canal; of the membrana tympani; of the middle ear; of the internal ear and the last section relates to deaf mutes and partially deaf children. Section five,—diseases of the middle ear is presented in eight chapters and is an able digest of the topic and should be carefully read by every physician whether a specialist or general practitioner. Few diseases are so hard to diagnose or so important as this class. Many cases which with prompt and proper treatment would yield

easily are allowed by negligence in the attending physician to go on to that serious result, incurable deafness.

Some such work as the present one should be in the library of every medical man, and for those wishing a modern carefully prepared treatise on the ear, no other is superior. C.

Wood's Physician's Vade-Mecum and Visiting List. Arranged and prepared by H. C. Wood, M. D. Philadelphia: J. B. Lippincott & Co.

It contains the metric system of weights and measures, mode of artificial respiration poisons and their antidotes, list of doses and diagrams of motor points for the application of electricity. The last will be found of value in the use of electricity when applied to stimulate any muscle or set of muscles to action.

The memoranda for daily visits is not indexed for particular weeks but left in blank to be filled out as needed. This is a great improvement over most of the visiting lists. It is well bound and printed upon excellent paper. It will be found more useful than the majority of visiting lists. C.

The Practitioner's Reference Book. Adapted to the use of the Physician, the Pharmacist, and the Student. By Richard J. Dunglison, M. D. Philadelphia: Lindsay & Blakiston. 1877. Buffalo: T. H. Butler. pp. 341. Price, $3.50.

An Index of Diseases and their Treatment. By Thomas Hawkes Tanner, M. D., F. L. S. Second Edition. Revised by W. H. Broadbent, M. D. Philadelphia: Lindsay & Blakiston. 1877. Buffalo: T. H. Butler. pp. 432. Price, $3.00.

We notice these two books together not in order to compare them but rather from the fact that they are in a measure complements of each other. Although covering in part the same ground the view is so different that there is no redundance. The possession of one does not render the other useless, but rather one will enhance the value of the other. This will be clearly seen by a cursory view of their contents.

The physician is often at a loss to know where to look for desired information in the treatment of disease. It will be found scattered through elaborate and voluminous text books and treatises, or in the current periodical medical literature but to the busy practitioner these are often a sealed page since they are in many instances inaccessible. It is to supply this demand that Drs. Dunglison and Tanner have labored. The first has the following heads. Gen-

eral information as to weights, measures, themometers, and the solubility of medicines; therapeutic and practical hints. doses of medicines, incompatibles, *the modern treatment of diseases with the remedies applicable, selected prescriptions.* Examination of urine, poisons and disinfectants, etc., dietetic rules, composition of various articles of food, dietetic preparations, and special forms of diet; how to conduct a post-mortem examination.

The scope of the second work may be seen from the following quotation: "In constructing the various articles of which this index is composed, the author has endeavored by giving a brief description of each disease to make its diagnosis sure. With regard to the sections of treatment, it is to be remembered that the numbers appended to the drugs not only refer to the formulæ, but indicate those remedies on which it is believed that reliance should be chiefly placed. As a rule, however, most of the agents which have been recommended by different authors are mentioned; although where they are not deemed particularly useful, either no reference is given for the mode in which they are to be prescribed, or they are placed in a separate paragraph." It is divided into two portions, the body of the work giving a brief description and mode of treatment of each disease as taken up in alphabetical order and an appendix containing nearly five hundred formulæ. It covers exactly the same ground that the portion of the first work which we have indicated in title by italics. But in the first no description of a disease is given, nor is there any indication of the special adaptedness or mode of administering suggested. The whole topic being contained upon forty-one pages while in the index two hundred and eighty pages are devoted to their delineation.

To many physicians the diagnosis is fully as essential as the remedy to be administered but the value and relative efficacy of a certain drug in a particular disease may even rank higher in his esteem than either. These are both found in the Index but not in the Reference book. Thus have we shown that the Index is the complement of the Reference Book filling out in detail what is presented in skeleton in the latter.

The Reference Book contains by far the most important and practical information but the Index will prove equally useful to the active practitioner, perhaps it will be found the greater assistant. The Reference book may be made of great use in following out the treatment of any disease. Thus having but a few minutes to look up the treatment of a case which he has had for some time but which does not improve under treatment, the physician will take up the Index and by a glance make sure of his diagnosis, then he looks at the treatment, and finds one or two remedies which he has not as yet tried. He now refers to the Reference Book and from the tables of solubilities, incompatibles and doses, easily determines the manner in which the remedies are best administered. The Reference Book now assists the Index.

We have presented in brief some of the many merits of these two valuable works both of which are indespensible companions of the young and inex-

perienced, but active members of the profession. We can recommend them to every physician; no Doctor's library would be complete without them. Few volumes contain so much that is of practical importance as do these two small works: we know of none that would be of more use to the man beginning practice. C.

Biology, with Preludes on Current Events. By JOSEPH COOK, Boston: James R. Osgood & Co., 1877. 12 mo. pp. 325. Price, $1.50.

Thirteen Lectures comprising the forty-sixth to the fifty-eighth lectures in the Boston Monday Lectureship are here presented. The latest thoughts of the greatest minds of Europe and America, upon the wide domain of Biology are given to the public in a concise and pleasing style.

The part of the work comprising the two lectures upon Living Tissues and Life or Mechanism, is an epitome of our positive knowledge in biological science. The thirty-four points on pages 124-126, should be imprinted upon the memory of every thoughtful man. These three pages alone are worth much more than the price of the book. Our advice is to buy and carefully read it. C.

A Family Newspaper.

The Family Newspaper should have attractive reading and information for the various members of a household. Some portion of the paper should be devoted, every week, to religious and moral inprovement, to current secular news, to agriculture, commerce, markets, finance, to general literature, &c., with a special department for the young. Above all, the *Family Newspaper* should be perfectly *pure*, and free from any contaminating influences in its reading matter or in its advertisements. Too much attention cannot be paid to this feature, when the press is flooding the country with so much that is vile and pernicious. To crown all, the *Family Newspaper* should be untrammelled by any affiliation with sect or party, and should be free to give all the good news from and about all the world. If such a *Family Newspaper* can be had for *one cent a day*, it should be taken by every family in the land.

Such a *Family Newspaper*, in every respect, we find in the NEW YORK OBSERVER, now commencing its fifty-sixth volume. Progressive, comprehensive, sound, reliable, pure, it is just what is needed in your household. Send $3.15 for a year to THE NEW YORK OBSERVER, 37 Park Row, New York. Sample copies are sent free.

Books and Pamphlets Received.

Lectures on Fever. By Alfred L. Loomis, A. M., M.D. New York: Wm. Wood & Co., 1877. Buffalo: H. H. Otis.

Transactions of the New York Pathological Society. Vol. II. New York: Wm. Wood & Co., 1877. Buffalo: H. H. Otis.

The Culture of Beauty. By J. S. Sozinskey, M. D., Ph. D. Philadelphia: Allen, Lane & Scott, 1877.

Cutaneous and Venereal Memoranda. By H. G. Piffard, A. M., M. D. and G. H. Fox, A. M., M. D. New York: Wm. Wood & Co., 1877. Buffalo: H. H. Otis.

The Popular Science Monthly, December, and Supplement No. VII.

Diseases of the Nasal Cavity. Dr. Carl Michel. Trans. by E. L. Shurly, M. D., and C. C. Yemans, M. D.

The Sanitary Condition of Portland. By Frederick H. Gerrish, M. D. Portland: Stephen Berry, 1877.

What Anæsthetic shall we use? By Julian J. Chisolm, M. D.

The Safety of Ship and Those who Travel in them. By John M. Woodworth, M. D. Cambridge: Riverside Press, 1876.

Report on Dermatology. By Lunsford P. Yandell, Jr., M. D. Louisville: J. P. Morton & Co., 1877.

The Columbia Hospital. Reprint from Richmond & Louisville Med. Journal. November No.

Lecture on Medical Teaching in the University of Michigan. By A. B. Palmer, A. M., M. D.

Transactions of the Kansas Medical Society. Lawrence Journal Printing Establishment.

Seventh Annual Report of the Free Medical and Surgical Dispensary of Buffalo. October, 1877.

Circular of the Albany Eye and Ear Association, 1877.

Report of Eye and Ear Infirmary of Buffalo, 1877.

The following Reprints from the Transactions of the Am. Medical Congress:

Views of Venereal Sores. By F. J. Bumstead, M. D.

Medical Jurisprudence. By S. E. Chaillé, A. M., M. D,

Treatment of Aural Diseases. By Albert H. Buck, M. D.

Medical Biography. By J. M. Toner, M. D.

Quarantine with Reference to Cholera and Yellow Fever. By John M. Woodworth, M. D.

Annual Announcement of Long Island College Hospital, 1877–78.

The following is a complete list of exchanges received.

The Medical Record.
The London Lancet.
The Boston Medical and Surgical Journal.

Louisville Medical News.
The Clinic.
The Medical and Surgical Reporter.
Philadelphia Medical Times.
The American Medical Bi Weekly.
The Hospital Gazette and Archives of Clinical Surgery.
Saint Louis Clinical Record.
Saint Louis Medical and Surgical Journal.
The American Practitioner.
Virginia Medical Monthly.
The Ohio Medical and Surgical Journal.
The Western Lancet.
Toledo Medical and Surgical Journal.
Nashville Journal of Medicine and Surgery.
The Sanitarian.
The Southern Medical Record.
The Cincinnati Lancet and Observer
The Obstetrical Journal.
Maryland Medical Journal.
The Chicago Medical Journal and Examiner.
The Cincinnati Medical News.
New York Medical Journal.
The Canada Medical Record.
The New Orleans Medical and Surgical Journal.
The Monthly Abstract of Medical Science.
The Medical News and Library.
Proceedings of the Medical Society of the County of Kings.
The Richmond and Louisville Medical Journal.
The Ohio Medical Recorder.
Atlanta Medical and Surgical Journal.
L'Union Medicale du Canada.
Detroit Medical Journal.
Pacific Medical and Surgical Journal
Monthly Journal of Southern Illinois Medicial Association.
The London Medical Press and Circular.
American Journal of the Medical Science.
Quarterly Journal of Inebriety.
Half-yearly Compendium of Medical Science.
Archives of Dermatology—July No.
A Series of American Clinical Lectures.
The Journal of Nervous and Mental Diseases.
Braithwaite's Retrospect.
American Journal of Insanity.
Hall's Journal of Health.
Boston Journal of Chemistry.
The Pharmacist.
American Journal of Pharmacy.
New Preparations.
Journal of Materia Medica.
American Journal of Dental Science.
The Dental Cosmos.
The Dental Advertiser.
The Missouri Dental Journal.
Chicago Medical Times.
The Medical Eclectic.
The Eclectic Medical Journal.
The Medical Review.
The American Medical Journal.
The Physio-Medical Journal.
The Cincinnati Medical Advance.
The United States Medical Investigator.
The New England Medical Gazette.
American Observer.
The Hahnemannian Monthly.
The Popular Science Monthly and Supplement.
Pen and Plow.
American Agriculturist.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. JANUARY, 1878. No. 6.

Original Communications.

———:o:———

ART. I.—*Epithelioma of the Cervix Uteri.* Amputation by Prof. JAMES P. WHITE, M. D.* Report of Case by EDWARD N. BRUSH, M. D.

The following case is reported for two reasons: First, it illustrates the value of operative interference, even in well advanced cases of epithelioma; and, second, as demonstrating the value of the Galvano-Cautery in certain cases.

Mrs. ———, a German woman, aged forty-nine, was referred to Prof. White for operative treatment, by Dr. Hauenstein, of this city. Her history is as follows: she is the mother of a large family; her health has always been good, and her family history shows no trace of cancer or of any diathetic malady. One of her children, an adult daughter, has well marked scrofulous cervical glands.

The patient ceased to menstruate about four years since, and the period was passed without any marked disturbance. Some four months since howerer, she began to experience pain in the back, a sense of burning accompanied by occasional lancinating pains in the uterine region and an offensive and at times copious vaginal

* This case is referred to in Trans. Buffalo Medical Association for Oct. Buffalo Medical and Surgical Journal. Vol. XVII. pp. 136.

discharge. This was briefly her condition when first seen by Dr. White. An examination revealed almost the entire posterior lip of the uterus involved in the disease, which had also made considerable inroad upon the anterior lip. The hemorrhage had been copious and frequent. The patient had become considerably reduced, and it was evident that any attempt to save her life must be immediately resorted to or it would be too late; in fact fears were expressed lest too great progress had been made by the disease. A careful examination, however, made it evident that the uterine body was not involved, and that an amputation made as near as possible at the vaginal margin would remove the entire growth. In accordance with this an operation was determined on, and on Oct. 1st the operation was performed in the presence of Drs. Hauenstein, O'Brien, Shaw, E. R. Hopkins and Brush.

Dr. Hauenstein having induced anæsthesia by means of chloroform, Dr. White siezed the uterus by a pair of strong lion forceps, and by traction aided by pressure above the pubes, brought the cervix between the labia, which were held aside by spatulæ in the hands of two assistants. A platinum loop was then thrown around the cervix and carried as high up as was deemed safe to the peritoneum, and then drawn tight. As soon as this was accomplished, a Byrne Galvano-Cautery Battery, in charge of the reporter, was attached and the current allowed to pass. As fast as the wire burned into the uterine walls it was tightened and at the same time traction was made upon the part being amputated. By this means the neck when removed had a conical shape, and the amputation was thus made at a higher point in the uterine canal than at the periphery of the neck. The amputation which was purposely made slowly, occupied but ten minutes, and was not accompanied by the slightest hemorrhage from the site of the section.

The patient was placed under my care by Dr. White and from the time of the operation until she left for home early in November not an untoward symptom presented itself. On the evening succeeding the operation the pulse was 120 temperative 100° F. which was the highest point reached by either. Anodynes were administered to relieve pain, and nutritious food and tonics freely

administered. My charge of the patient terminated the first week in November, at which time the seat of the amputation had fully cicatrised and presented a smooth healthy surface both to vision and touch. The uterus was movable in the pelvis and bi-manual manipulation made with considerable pressure was unaccompanied by pain. The patient's weight had increased during the interval by some twelve to sixteen pounds, and the anxious cachectic look was fast disappearing. The condition of the patient was confirmed by Dr. White who made a careful examination about a week subsequent to my last visit. It may be said that too short a time has elapsed to report results in this case, but the result thus far has certainly justified the operation even should the disease re-appear in a month from now. The patient has been given some three months immunity from a loathsome and exhausting malady, she has increased in strength and weight and has accomplished it all at the expense of a short period of confinement to bed, which in fact was necessary before the operation, and with but little risk from the operation.

The method of operating deserves some attention. The neck of the uterus was removed entire, without loss of blood, leaving a smooth surface which on the separation of the eschar was in an excellent condition to heal by granulation. The fear of septicæmia is one which should be felt no more in the use of the cautery than with any other method, in fact Byrne who has employed it more than any American surgeon in cases of this character says that with it there is less danger from septicæmia than by other methods. The platinum loop can be placed *in situ* when cold and all of the diseased mass that is capable of removal can be embraced by it, should there remain after the major portion has been removed any portions of the cancer which can be safely taken off they can be easily amputated by the platinum knife or destroyed by the button-cautery. Such cases however offer but little inducement for operative measures as it is only when the entire mass can be removed that good results are to be expected.

ART. II.—*Adenitis, Acute and Chronic.* By J. R. LARZELERE. M. D.

[Read at the October session, 1877, of the Muskingum County Medical Society.]

That we may have a more correct understanding of the subject, it seems necessary that your attention should be briefly called to the anatomical arrangement and physiology of the lymphatic system. The lymphatic apparatus is composed of a system of vessels, which if formed in a diagram similar to that of the blood vessels, presents the appearance of a cone, the summit of which joins the venous system in the subclavians, while the base or capillaries are in contact with the epithelium. The origin of the lymphatic system may be considered as closed by the epithelial membranes, save in the small intestines where the lymphatic net-work is separated from the epithelium by a blood net-work. Lymphatic spaces have been discovered situated around the smaller capillaries which have been named peri-vascular spaces. These spaces primitively have no limiting membrane, but gradually coalesce and form a small lymphatic vessel having a true limiting membrane. The plentiful supply of valves in this system of vessels makes it next to impossible for the contents to flow backward. A lymphatic ganglion is simply a plexus of lymphatic capillaries, anastomosed, and rolled up into a ball and held together by connective tissue. The physiology of the lymphatic system in brief, is that of carrying lymph and chyle, and in some inexplicable way the ganglion aid in the onward incubation of white corpuscles, all of which are emptied into the blood stream. Lymph in a broad sense is blood minus its red corpuscles; and chyle is lymph, plus a very large quantity of minutely divided neutral fat, and contains about eight or nine per cent of solid matter; say equal parts of fat and albumen and some fibrin, etc. The white corpuscles contain the aforesaid eléments, which are known as the complex nitroginous fats.

Having thus briefly epitomised the anatomy and physiology of the lymphatic system, we are better able to perceive the effects of modification of structures which result from extrinsic or intrinsic causes. Hence, when a patient afflicted with either acute or chronic adenitis, is presented for professional opinion, we must not forget, that not the glands alone are affected, but, that the

lymphatic capillaries and vessels are also implicated in the pathology. The acute form of adenitis is seldom, or ever idiopathic, but is almost invariably the result of angeioleucitis, accompanied with pain, swelling tenderness etc., followed by all the symptons of acute abscess. A bubo may be cited as a marked form of this affection ; also, any ganglia of the economy which terminates in resolution or suppuration, consequent upon acute conditions.

The chronic or indiopathic form, whatever may be the cause, is always attended by a stasis of lymph, or coagulation of it, which so readily induces enlargement of the gland or glands, by obstructing the lymph channels, which so largely compose the ganglia. The normal course of the white corpuscles are arrested, as are the floating debris in bodies of water. When a large number of ganglia of a limb are thus affected, the course of the lymph through the vessels and glands is seriously interfered with, which soon results in œdema of the member affected. Hence, the exosmosis of the fluid elements of the lymph vessels into the areola tissue. In the diseased state known as Leukæmia, we have a manifest instance of the accumulation of white corpuscles, in some instances numbering as much as one to ten red corpuscles. With this physiological modification there can not be other than lymphatic ganglia and other forms of adenoid tissue enlargment.

The so called strumous diathesis of some individuals simply means favorable surroundings of the lymphatic capillaries, vessels and ganglia, which from trivial causes readily take on pathological states. Whatsoever may chance to retard the digestive function, is, to some extent, reflective upon the already dedepraved physiology of the absorbent system. Hence the primitive elements within the capillaries and vessels are abnormal, and in their onward course to the blood stream, cannot, by any probable prospective mutations, incubate into normal tissue. Therefore, the aggregation of the corpuscular elements in lymph vessels, and especially those entering intó the formation of the ganglia. The coiled vessels of the glands are embolised with solids, while the non-solids of the lymph are osmosed into the surrounding cellular tissue which eventuates in extra vascular induration.

In further illustration of the subject, permit me to detail a

short clinical report of a Mr. T———, aged about 30 years, who sought my counsel some seven years since. His state of health up to a period of two years preceding my first interview, he, himself considered good, however, I should judge he was one of those subjects which the books denominate strumous.

An examination revealed a large swelling, composed of an aggregation of enlarged cervical glands, on the left side of the neck, which well-nigh filled up the anterior and posterior triangles, especially the latter. The enlargement was so great, that he was unable to turn his head with any degree of comfort toward the left side. Isolated enlarged glands were also found imbedded in the opposite side. In common with most members of the profession, I considered myself equal to the emergency, and encouraged hopefulness in my ability to direct the therapeutics. And just here, I was open to the reflex comfort of the trite adage, "If ignorance is bliss, it is folly to be wise." I did not know much of the physiology at that time, this branch of science was just beginning to emerge from the labyrinths of the past ages of darkness. Hence, my inability to give the patient such counsel as best suited his condition.

Having faith, I directed such therapeutics, as recommended in the books, viz.: alterative tonics, and such other agents, as were supposed to act benignly on a pathological lympathic system. This course was persevered in for a reasonable time without any apparent good results. Feeling my faith in this method of therapeutics on the wane, I advised the use of the knife,—extirpation of the unsightly objects; which was confirmed by a member of the profession in the city, who was late from the gory fields of war. The patient was anesthetised with chloroform, and an incision commencing nearly on a level with the angle of the inferior maxillary, and extending almost to the clavicle; latteral flaps were formed by superficial dissection, and a score or more of enlarged glands removed, ranging in size, from that of a filbert, to a small walnut; still leaving the bottom of the wound, and adjacent parts, paved with enlarged ganglia. As these phenomena presented, it was thought the better part of valor to desist from any further removals. The patient regained consciousness in a reasonable

time, and for a subsequent brief period, improved in his general health, and the reparative processes of the wound were benign, all of which infused hope in your reporter, that his patient might obtain much benefit from the treatment. But alas! for the lack of knowledge of his medical attendant and counselor in behalf of the physiology and pathology of the lymphatic system. For soon, phenomena were developed which made it apparent, that this system of vessels and glands could not even perform a shadow of function in the interest of health. Ædema of the lower extremities, and its rapid march to the abdominal cavity and chest, speedily placed the patient in the struggles of death.

In conclusion, what is the lesson to be learned from the above case, which I confess is so imperfectly detailed, yet, sufficiently so, for all students of the present to grasp the pathology. This was a case of chronic adenitis, I now believe, the pathology was confined to no topography of the economy, but that the entire lymphatic system was diseased. And as first seen by myself was beyond the reach of any known treatment, both then and the present. In all such cases it is the duty of the medical counselor to inform his patient that his condition is beyond the successful direction of professional knowledge, save, that which may be communicated that, if he or she are wise, they will so direct their thoughts and actions, as will prove most likely to add some degree of happiness to their prospective hereafter.

———:o:———

ART. III.—*Removal of the Thyroid Gland.* By Prof. JULIUS F. MINER, M. D. Reported by CHAS. A. WALL, B. S.

In a previous number of this Journal (Vol. XVI. No. 12), Dr. Miner presented an article upon the *Feasibility of Extirpating the Thyroid Gland in some Cases of Disease, with report of a case* in which he took occasion to say, "that some goitrous tumors may be extirpated with the knife, if other means fail, with *reasonable hope of success.*" It is with great pleasure that we communicate the following case which occurred in the Doctor's practice since the above was written, because it corroborates the views there stated.

Mr. J. B. K., German, a baker by trade, aged 42, called at the

office in order to obtain relief from a tumor which troubled him. He had been under treatment for considerable time by some of the best physicians but without relief. Iodine externally with iodide of potassium internally had been used to produce absorption; indeed, every medicine supposed to have beneficial effect upon glandular enlargements had been tried, and as a last measure he was advised to place himself under surgical treatment. Upon examination, the tumor was found to be hard and but slightly movable. It lay upon the trachea and occupied the region of the thyroid body which it was decided to be. It was more developed upon the left than upon the right side, but this was not apparent except upon close and careful examination; and the upper left angle seemed to be more firm than the same portion on the right side. This was found, after removal, to have been caused by a deposit of calcarious material. He gave the following history:

When about nineteen years of age a slight swelling was noticed which gradually enlarged but after a time it diminished in size but never entirely disappeared; it remained stationary but increased in solidity. This did not cause any considerable inconvenience until within about three years when he first noticed difficulty in respiration after exercise or when stooping. This increased, and for over a year past he would waken at night with a feeling of suffocation. It became so distressing that, as he expressed it, "he often wished to die at once and be done with it rather than live to die every night." The dangers of the operation were explained to him and he was advised to wait until he could no longer endure it. Electrolysis was used, not with any hope that it would disperse the tumor, for it was almost impossible to introduce the needles, but for the purpose of gratifying him. He soon became impatient and desired relief saying that he would gladly take all risks, anything being preferable to the suffering he then experienced. Seeing that he would not be put off, his request for surgical aid was granted and Oct. 25th, Dr. J. F. Miner operated for the removal of the tumor with the assistance of Drs. W. W. Miner, O'Brien, J. C. Greene and Brush. A few medical students were also present.

The patient having been brought under the influence of Ether

an incision three inches in length was made diagonally across the tumor, which was then siezed with strong tenaculum forceps and raised from its bed. As soon as this was done the patient who before had struggled for breath began to breathe easier. The tumor was now enucleated the vessels being tied as approached, some of them before division. After the first incision the knife was discarded, the dissection of the attachments being accomplished by the handle of a scalpel. There was considerable hemorrhage which was controlled by ligature without the use of the cautery. The arterial supply was from the usual branches but they were only to be known from their situation and not from their size or importance. No artery was found of the size of the superior thyroid, as supplying the gland in health. The firmest attachment was at the base being the entrance of the inferior arteries, which were ligated and divided. The wound was closed with superficial sutures and water dressings applied. He rallied immediately from the operation, had no trouble with it afterwards, and he suffered so little that the necessity of keeping his head still could not be impressed upon him. In due course of time the ligatures came away and the wound healed; in two weeks he was at work feeling better and able to do more than he had for three years. There was an entire absence of any bad symptoms.

The tumor removed consisted of a hard mass having the appearances of cartilage in which were found small calcarious deposits with two or three cysts in the center of the body. It was irregularly quadrilateral in form the corners being rounded; the anterior surface was convex, while the posterior was slightly concave having half an inch to the right of the center a perpendicular groove, half an inch deep and three-quarters of an inch wide, marked transversly by the rings of the trachea. Its weight was ℥vj, ʒiv, gr xv. It was nine (9) inches in circumference, three and three-quarters (3¾) inches in breath, four (4) inches in length, and two and one-half (2½) inches in thickness. The union of the two lobes could not be made out for the neck had so enlarged as to entirely fill up the interval between them. From its position, size, appearance and the relation of other structures to it, there can be no doubt but that there was in this case an enlargement and solidification of the

thyroid gland of slow growth. The pressure upon the trachea was so great that it flattened it and misled one physician who made a laryngiscopical examination and induced him to state that the impediment to respiration was due not to the pressure from the enlarged gland but to a small tumor which was growing upon the interior of the trachea, but that he had no instruments by which it could be removed.

The points of greatest interest are the facility with which the gland was removed, and the comparatively slight hemorrhage which was so easily controlled. This was owing to the greatly lessened vascular supply, due no doubt to the nature of the degeneration; and the case is confirmatory of the statement made in the article previously quoted, "that a diseased gland may in some cases be more safely extirpated than a healthy one."

———:o:———

MISCELLANEOUS.

The Plaster of Paris Jacket in Spinal Diseases.

BY EDMUND ANDREWS, A. M., M. D. (Prof. of Surgery in the Chicago Medical College.

The repeated inquiries made by physicians respecting the use of plaster of Paris in constructing supporters for spinal disease, show a widely diffused interest in the subject. I have therefore prepared this article to answer the numerous questions addressed me from different sources.

The therapeutic principles involved in the use of the plaster of Paris jacket, are the same as for other spinal supporters, and may be stated as follows:

1. Pott's disease is an inflammation limited almost invariably to the bodies of the vertebræ, and not affecting the articular processes behind them.

2. Hence it is that the bodies only soften and yield to the compression of the vertebræ above, while the articular processes behind remain firm and unchanged, in consequence of which the spine bends at an angle or a short curve, with its concavity forward and its convexity backward.

3. Curative apparatus acts in three methods; viz., (a) as a splint to correct or arrest the deformity; (b) as a means of securing immobility; (c) as a lifting power to take off the weight resting on the diseased vertebræ.

Any firm, broad splint applied to the back may act favorably to prevent the further flexion, and to secure immobility. The action of the plaster of Paris jacket in this respect, like that of all other supporters, is too obvious to require explanation. There is, however, one curative element in the splint principle which is very generally overlooked. Inflammation of the vertebral bodies is usually kept up solely by mechanical irritation; that is to say, by the jarring, the rocking and the pressure of the vertebræ above pressed down by the entire weight of the superior portion of the body. If this mechanical irritation be taken off, almost all cases will recover from the inflammation spontaneously. Now let it be borne in mind that the articular processes are free from inflammation, and are located on a line considerably posterior to the bodies of the vertebræ. It is evident at a glance, therefore, that if any supporter is so constructed that by its splint power it shall flex the spine firmly backwards, it will throw the weight of the vertebræ upon the articular processes, and take it off from the inflamed bodies of the affected bones.

The direct lifting power of spinal supporters is often overestimated. In small children it amounts to almost nothing, because their hips are smaller than their waists, and there is no basis on which to rest a support for the lifting power. In adults, however, and especially in women, the expansion of the hips gives a counter support, and lifting becomes possible. It may be well to remark, just here, that the old attempt to lift by pressure in the axillæ is abandoned by all good surgeons. The axillary plexus of nerves is intolerant of all continous pressure. A lifting force applied there with sufficient vigor to accomplish anything, soon paralyzes the arms. In spite of this fact, however, the instrument sellers continue to vend, and physicians to buy absurd pieces of apparatus, even for young children with no expansion of the hips, pretending to lift by crutch pieces in the axillæ.

The only lifting power possible (except an occasional head-stretch), is by embracing the double cone of the waist in something resembling a corset, and this the plaster of Paris jacket accomplishes in cases of adults. The principle is simply this: The waist being the smallest part of the body, anything like a firm, well fitted corset, or the plaster jacket firmly laced on, tends strongly to crowd the cone of the hips downward, and the inverted cone of the rest of the body upward, thus making a decided extension on the middle of the spinal column. It is for this reason that firm corsets, well laced, are a comfort, and actually a benefit to women with incipient Pott's disease. The plaster of Paris jacket acts both as a corset and as a splint, thus fulfilling both indications, acting

in that respect like the combination brace, which I have for years been in the habit of applying to cases of Pott's disease.

The most approved method of applying the plaster jacket, requires the following articles to be prepared:

1. A pair of pulleys to suspend the patient.

2. A suspension bar, or rather a sort of whippletree of steel or strong wood, suspended by the pulleys in the centre, and having two notches or hooks on each side, one five inches and one eight inches from the centre.

3. A sort of band or collar of soft stuffed leather to surround the base of the skull, capping the end of the chin in front and passing beneath the occiput behind. Straps pass up from this on each side to the suspension bar.

4. A pair of axillary pads or bands suspended from the centre notches of the suspension-bar.

5. A quantity of roller bandages of coarse cross-barred crinoline, whose meshes are rubbed full of good, dry, fresh plaster of Paris.

The patient is now slung up by the arm-pits so as to hang from the suspension-bar on the axillary bands. To give the spine itself a special extension, the head-sling is also applied and buckled up so as to sustain part of the weight of the body. The axillary bands should be connected together by cross straps, so that by no accident can the child slip down out of them, leaving the whole weight to come on the neck.

A common knit shirt should be on the patient's body, and the plaster of Paris bandages should have already been placed in warm water to soak. It is also well to place a strip of cotton waddi g along the more prominent portion of the spine, to prevent pressure on subcutaneous points of bone.

Now commencing as low down as can be done without impeding flexion of the thighs, the bandages should be applied over the whole trunk as high as the axillæ, in several successive layers. Sometimes it is well to enclose in them a number of perpendicular strips of perforated tin to obtain additional strength. When the plaster sets, the whole will become one rigid stone jacket, holding the patient firmly in position. Strange to say, this petrified envelope does not generally embarrass the breathing, though I have seen one or two exceptions to the rule. Before applying the bandages, a compress of cotton batting is applied to the lower half of the abdomen, beneath the shirt. After the plaster is hardened, the compress is removed, thus furnishing space for abdominal respiratory movements.

The apparatus can be applied in less elaborate fashion if desired. Thus, instead of suspending the patient by pulleys, three assistants can hold him horizontally face downwards by the thighs, arms and head. In this position the weight of the body causes it to settle down in the centre, thus flexing the spine backward in a desirable manner. It is not absolutely necessary to use cross-

barred crinoline, as any thin loose fabric will do. I have also seen very effective jackets applied by coating three layers of cotton flannel with wet plaster, wrapping them around the body, and confining them with an ordinary roller bandage. The patient is held meantime in a suitable position until the plaster sets.

Cases of lateral curvature can be treated by this apparatus with considerable efficiency, but its main use is for Pott's disease.

In answer to the often repeated question, what estimate should we put upon the usefulness of the plaster jacket, I would say as follows:

Like all other useful things, it has both advantages and disadvantages. The advantages are as follows:

1. Cheapness. It costs next to nothing for material, though it consumes considerable time on the part of the surgeon. The cheapness enables one to apply it to numerous cases where poverty prevents the parties from paying $25 to $40 for a regular supporter.

2. Ease of construction. Any well educated physician can apply it himself however remote he may be from instrument makers. This is a very material advantage, for in order to reach an instrument maker, many patients are obliged to travel hundreds of miles, because the attempt to construct an efficient spinal apparatus from measurements sent by mail without the personal presence of the patient, is almost always a miserable failure, and the expense of the trip is often greater by far than that of the apparatus.

3. Perfection of the fitting. The plaster being applied wet, molds itself perfectly to the form, so that a "good fit" is easily obtained.

4. Efficiency. Where the deformity is situated in the lumbar or lower dorsal region, the plaster jacket has a control over it fully equal to that of any appliance ever used.

The disadvantages are as follows:

1. The jacket cannot be often changed without involving an expense for the surgeon's labor, which would soon be far greater than that of a good supporter. Hence, while wearing it, the patient is deprived of the use of his baths, somewhat to the detriment of his health. Sweat, however, does not accumulate, owing to the absorbent power of the plaster, but considerable decomposing cuticular matter accretes on the skin which cannot be removed. To a certain extent the advantages of easy removal can be obtained by foregoing those which result from carrying the plaster entirely around the body. A carapace, or "turtle shell," as Sayre calls it, may be made by putting several thicknesses of cotton flannel and plaster, strengthened by strips of perforated tin, upon the posterior half of the body and binding it on by a roller bandage. When this has hardened it can be enveloped in a jacket of cloth fitted to the body and made to lace up in front, and can be removed for bathing purposes as often as desired. The plaster portion of the

apparatus not being strengthened by continuity in front, must be made pretty thick and strong, but it often serves a very good purpose. This form of the jacket has merits, but yet it has fallen for the most part into disuse.

2. The plaster jacket, in its original form, is only applicable to deformities existing below the level of the border of the axilla. On Pott's disease above that level it has but little effect, as the jacket cannot effectively be carried any higher. However, by the help of a mechanic, steel splints like those of a regular spinal supporter can be imbedded in the plaster and carried up high enough to apply shoulder straps, or even a head-stretch, but this is not much easier nor very much cheaper in the long run, than a regular brace.

3. The plan of suspending part of the weight of the patient by the head, involves a danger if the surgeon is at all careless. All joints of the body are liable to congenital or acquired laxity of ligaments, and the upper cervical articulations are no exception. If the surgeon chanced to have one of these relaxed cases in his suspension-sling, and by any inadvertence of himself or of his assistants, should bring too strong a tension in the head-straps, the horrible accident of a dislocation of the neck might easily occur. Great care should be taken to guard against this possibility.

From these considerations, it is evident that the plaster of Paris jacket is a very valuable appliance in numerous cases, and has the especial merit of being an extempore apparatus which can be applied however remote the patient may be from instrument makers, and however impoverished he may be in purse. It has, however, some special advantages, and at its best, is in no way superior to a well-fitted combination brace, containing the corset and the splint in one instrument. Indeed the superior convenience and tidiness of the combination brace will always cause it to be preferred by a large portion of surgeons and patients.—*Chicago Medical Journal and Examiner.*

———:o:———

Salicylic Acid in Rheumatism.

In the article in the *Lancet*, Dr. Julius Pollock writes:—

It is probable that salicylic acid is the active agent in either case, just as the iodine is the active agent in iodide of potassium; but crude iodine is rarely given now, and in a short time I believe the salicylate of soda will be used in all cases where the action of salicylic acid is desired. It is very soluble, which the acid is not, and it is far less liable to give rise to unpleasant symptoms. I give the preference most decidedly to the soda salt as at present advised, though it is quite possible, indeed likely, that combinations of salicylic acid with potash, ammonia, and iron, may turn

out very valuable. In any case of articular rheumatism, whether acute, subacute, or chronic, the salicylate of soda should be tried in doses often, fifteen, or twenty grains, every two, three, or four hours, according to the severity of the symptoms. It is best to give it alone, or combination with a little spirits of chloroform or syrup of orange. As a rule, the good effects of a drug are apparent after eight or ten doses; the temperature falls rapidly to normal, or even a little below, the pain and swelling of the joints disappear, and the patient is practically convalescent in two or three days; but it is better to keep up the action of the medicine for a week or so, as relapses are apt to occur if it be discontinued too soon. In some intensely rheumatic subjects it will be necessary to give it again and again before the disease is subdued, and these cases have been used as an argument against its efficacy. Some persons will not admit the value of mercury and iodide of potassium in the treatment of syphilis, and others question the protective power of vaccination against small-pox. All new remedies have to encounter the opposition of ignorance and prejudice, but the evidence in favor of salicylate of soda in the treatment of articular rheumatism is becoming so overwhelming that its great value must shortly be thoroughly established.

No doubt the drug every now and then produces disagreeable symptoms, sickness, deafness, tinnitus aurium, and sometimes a peculiar cerebral disturbance; but these quickly vanish on a discontinuance of the medicine, which may usually be again given in a short time without any such result, In the earlier trials, when the salicylate was not quite pure, these objectionable symptoms were much more common than now. Dr Murchison has suggested, in an able paper read before the Clinical Society on the 25th of May, that the disagreeable effects of the remedy are due to suppression of the function of the kidneys, and he found albumen in the urine of patients who were taking the salicylate of soda, even when the drug was quite pure. This may be so, but at present I have been unable to collect any evidence on the subject.—*Med. and Surgical Reporter.*

———:o:———

Medical Certificates in the Daily Papers.

It has often been said that it is a reflection upon the medical profession to have a Code of Ethics; that the very existence of such a set of laws implies a temptation for wrong-doing, and a necessity for discipline. Every medical man is forced to admit the truth of this, but he has some comfort in the thought that to err is human.

The medical, as far as the Code is concerned, is different from any other equally liberal profession. In no other calling is there

any system of laws by which the actions of the individual members are governed. This does not, however, prove that there is less necessity for standard rules of conduct and of government either in the clerical or legal profession, but that the profession of medicine is in advance of the others, and is more zealous in preserving its dignity, in developing its own resources, in protecting the rights of its individual members, and enlarging its sphere of usefulness. The proposition so often made, to dispense with the Code, is certainly far from a reasonable one. The more we see of medical men in their relations to each other and to the profession, the more we are convinced of the necessity of some definite rules to govern their conduct. This is especially so of late years, and the conclusion seems almost irresistible that the moral tone of the profession has very much lowered in that time. To what particular cause this may be due, we are at a loss to determine. We wish barely to allude, in this connection, to the fact that very many of our leading men are boldly doing what they would not have thought of doing years ago. The illustration in point which will occur to every reader is the very objectionable and shameful parade in the daily papers of medical certificates in the advertisements of certain mineral waters. If their example is to be followed, and a new fashion instituted, the dignity and influence of medicine will be at an end, and the public will have no means of distinguishing those whom we would gladly honor, from the unprincipled quacks, whose only concern is to be kept in public view.

Advertising of any and every sort is very properly condemned by the profession. The reason for this is obvious, in that it allows a few to take advantage of the many. There is no intention of preventing physicians from holding intercourse with the public as teachers. In that capacity they can speak for their profession, and help to maintain its dignity,honor and usefulness; but as soon as they place themselves before the public as practitioners, that moment they lay themselves open to the charge of advertising. It is certainly not educating the public, to certify to the fact Appolinaris water is "a delightful beverage," or is "far superior to Vichy,Seltzer, or any other;" or "is most grateful and refreshing;" or "is useful and agreeable;" or "healthful and well suited for dyspepsia;" or "by far the most agreeable alone or mixed with wine. and useful in catarrhs of the stomach or bladder, or in gout;" or "well suited for dyspepsia and cases of acute disease;" or lastly, "is not only a luxury, but a necessity." And yet these very remarkable certificates, with the names and addresses of the writers, appear in the papers all over the country without any open protest being made against it. If these gentlemen are thus doing their duty or elevating their profession in the eyes of the public—educating the people to a proper appreciation of the dignity of a noble calling and the value of medical certificates—it is time that a new code should be made. As we have

previously remarked, the profession is much interested concerning the abstract justice of this method of advertising. There is not so much concern in regard to the individuals, as to the principle of which they are seemingly the willing exponents. If the transgression was made by ordinary medical men, charges would have been preferred; they would be branded as advertisers, their names be omitted from the *Medical Register*, and if non-repentant after a reprimand, they would be expelled from their County Society.

Again, in the advertisement of another mineral water—the Hunyadi Jànos—medical certificates from the same gentlemen appear. In reading them, one can hardly escape the conviction that no other laxative should be used; so agreeable, painless and certain is it; in fact, that it is the only one specially "adapted for daily use." Who, now, can blame any reader of a daily paper if he quotes the highest medical authority to prove that this mineral water is better than anything else? Certainly, if these certificates were written to order, they could not help the sale of these proprietary waters more effectually. But the question is not how much of the waters may or may not be sold, but how far it is proper for medical men to publicly recommend their use, as in dyspepsia, catarrhs of the bladder and stomach, in gout, etc.? At best, this is cheapening medical advice by offering it gratis, by placing a premium on self-medication, by encouraging indiscriminate prescribing, and by lowering the tone and dignity of the profession generally. If these certificates were for circulation among medical practitioners, they would be taken at their real value; but paraded before the public, they are apt to mislead, and create misapprehension as to the legitimate resources of our materia medica. If there is any excuse for an error in judgment in giving the certificates, there is certainly none for allowing the daily advertisement of their names as medical practitioners in the different daily papers. It is somewhat astonishing, knowing, as they must, that their course was not indorsed by their brethren, these gentlemen should not long ago have withdrawn permission to use their names in every daily paper, and thus have vindicated the true dignity and higher instincts of a time-honored profession. But as their case now stands, they have not only failed to do so for many months, but the continual appearance of their names in the public advertisements would seem to defy that discipline which with lesser men would have been swift and certain.

We repeat that the profession is very much interested in this question, and would like to see it settled one way or the other. We have on a previous occasion brought it to the notice of the County Society, and now that its new Committee of Ethics has been appointed, may we not hope that some authoritative decision will be rendered?—*Medical Record.*

Elementary Advice to Mothers and Nurses.

The duty of a mother is to preserve the life of her infant by suckling it from her own breast, or, if her health will not permit of this, by providing for it a nurse. If it be absolutely impossible to give the child human milk, or if this be insufficient in quantity it ought to be supplemented by the milk of some animal (cow goat, etc. ,) for milk is the only nourishment suitable during the early months of life. Animal milk ought to be given under those conditions which render it most like the mother's milk. It should be taken as far as possible from the same animal. It should be given, still warm, soon after it is drawn, unless it be taken fresh, in a glass which has been thoroughly cleansed between the time of milking and that of the meal. It should be boiled. It should be diluted with slightly sweetened water, warm enough to bring the mixture to the temperature of the body (37 degrees centigrade; 98.4 Fahr.) The dilution should be made at the time of each meal; with one-half water during the first week; one-third water during the three following weeks; one-quarter water afterwards up to the fourth month. Dating from this time it should be given warmed in a water bath, not diluted, but with the addition of a very small quantity of sugar. The hours of feeding ought to be regulated. During the day a meal every two hours is necessary, but an interval of four or five hours between the two meals from the middle of the night should be reserved for rest for the nurse. After the sixth month various milk gruels may be given or light paps of cheese farina. About the end of the first year fat (meat) soups may be taken occasionally whilst still continuing the milk. The child will thus by degrees be prepared for weaning.

Weaning.—The weaning ought only to be made after the eruption of from 12 to 16 teeth, taking into account besides the season of the year and the health of the child. Even after weaning, animal milk ought still to enter largely into the diet up to the age of two years at least.

Toilet.—Each morning, before the first meal, the child should be washed from head to foot, with water rather fresh than hot, and have his linen changed. Where needful, a hair brush and oil should be used every day to prevent the formation of "bouzet," which is only an injurious crust (dandruff). Washing of the lower part of the body should be repeated as often as it becomes soiled with urine or stools.

Clothing.—The clothing will vary so as to protect the child from the variations of the temperature. The garments should always be large enough to permit of the greatest freedom of movements. The belly-band(binder)should form part of the clothing during the first months.

Bed.—The mother and child should never sleep in the same

bed. The cradle should be scrupulously clean; the air and the light should circulate freely around it.

EXERCISE.—During the first days the newly-born babe should be held in the arms or on the knees for some hours; but, unless in an exceptionally mild temperature, should not be taken out before the fifteenth day. After the first going out it should be carried out every day during the mildest hours. These walks, short at first, should be gradually increased, the prolonged action of pure air favoring the developement and health of the child. The day should then be divided between long sleeps and long walks at regular hours. In the intervals the child should be laid upon the floor upon a blanket, free to move and roll about. He will thus learn to raise himself alone, and to walk when the time comes, without running the risks which the use of carriages and wheeled panniers, etc., entails. The midday sleep should be continued up to the age of three years at least.—*Union Medicale du Nord-est.—Sothern Illinois Medical Association Journal.*

———:o:———

Poison of Putrefied Blood.

M. FELTZ, to whose researches on the "intimate pathology" we have before referred, has communicated to the Académie des Sciences a fresh series of experiments instituted with the object of confirming his previous observations, and of proving that putrefied, toxic blood contains no liquid or solid virus except the organised ferments.

Thirty grammes of very poisonous blood, mixed with 100 cubic centimetres of distilled water, were subjected to a heat of 80° cent. for ten minutes, so as to solidify all the coagulable constituents. The liquid portion, separated by filtering, was rich in vibrios. It was then evaporated *in vacuo* to fifty cubic centimetres, and five cubic centimetres injected into two rabbits killed them in two or three days with all the symptoms of septicæmia. The same liquid was then filtered through a layer of cotton and charcoal; the filtrate was a clear rose-colored liquid, which contained neither bacteria, vibrios, nor moving granules. Six cubic centimetres of this solution were injected into the jugular vein of each of four rabbits without the slightest effect. M. Feltz assumes from this that the existence of a soluble ferment of liquid virus is highly improbable. He does not, however, allude to the possible influence of the charcoal through which the liquid was filtered, and which may have destroyed the specific properties of a liquid virus, had such existed.

At the suggestion of Claude Bernard, he has made further observations on the degree in which the organised particles obey the law of gravitation, and, as has been asserted in the case of the virus

of vaccinia and glanders, fall to the lowest strata of the liquids which hold it in suspension, and do not float in all parts of the liquid, as do cryptomagic ferments. Four or five cubic centimetres of putrefied blood reduced to a syrupy consistence, and possessing highly toxic qualities, were placed in each of four upright glasses, and covered with a layer of distilled water five centimetres high. In a fifth glass some distilled water was placed, rendered slightly alkaline by an ammoniacal salt. The five glasses were then protected from movement or disturbance for four days. At the end of that time five cubic centimetres, taken from the surface of each glass, were injected into the five rabbits; all of which died in a few days, excepting the rabbit into which alkaline water had been injected. The surface of the liquid in the glasses in which the blood had been placed contained an enormous quantity of "organised ferments," while the alkaline water contained only some atmospheric dust. In another experiment two quantities of diluted toxic blood, prepared as above described, were placed in tall narrow test-tubes, and kept free from all disturbance, together with a third similar tube containing alkaline distilled water. Solid inorganic grains should sink to the bottom of the test-tube, and the superficial layers of the solution, if the inorganic granules are the vehicles of contagion (as M. Chauveau asserts with regard to vaccine virus), should be innocuous. But microscopical examination revealed abundant vibrios in the superficial layers of the dilution, and experiment showed that these superficial layers were as toxic as the deeper layers, since four rabbits inoculated from different layers died very rapidly of septicæmia, while one in which the superficial layer of the alkaline water was injected, remained unaffected

The conclusions drawn by M. Feltz are, that there are no infectious ferments of the nature of diastaste in toxic blood nor any liquid virus, nor any solid unorganised virus; that a heat of 150° Centigrade, which destroys all toxic quality, acts only on the organised ferments, the true septic agents.—*Lancet.*

———:o:———

The Prophylactic Treatment of Placenta Prævia.

THE American supplement of the *Obstetrical Journal of Great Britian and Ireland* for May contains a summary of a very interesting article by Dr. T. Gaillard Thomas on the Prophylactic Treatment of Placenta Prævia. The article is published in the *American Practitioner* for May. Dr. Thomas gives the particulars of eleven cases of this unpleasant complication. The results were very satisfactory. Only one of the mothers died, and seven of the eleven children were born alive. Dr. Churchill says that under ordinary management one in three, or thereabouts, of the mothers die, and more than half of the children are lost. The essential

feature of Dr. Thomas's practice was the induction of premature labour. In eight of the eleven cases the chief agent in inducing premature labour was the use of Barnes's bags. The placenta was not in all cases to be felt, but where the natural indications of its presence existed Dr. Thomas acted as though he felt it. He did not in all these cases act with haste, or on the first occasion of hæmorrhage, but generally, as soon as he was satisfied that the placenta presented some proof that the further loss of blood was dangerous, he recommended the induction of labour. We believe that there would be a general concurrence of opinion on this subject now. Once satisfied that a case is one of placenta prævia, it is desirable, in the interest both of the mother and of the child, to watch it very closely, and before the patient becomes exsanguine, to proceed to induce labour. Dr. Barnes's judgment on this point will be generally accepted—"If the pregnancy has advanced beyond the seventh month, it will, as a general rule, I think, be wise to proceed to deliver, for the next hæmorrhage may be fatal. We cannot foretell the time or the extent of its occurrence, and when it occurs, all, perhaps, that we shall have the opportunity of doing will be to regret that we did not act when we had the chance." In several of Dr. Thomas's cases, to expedite delivery, version was practised, generally by the bimanual method. In one, Barnes's bag, impinging on the presenting head, caused the child to revolve in the liquor amnii till the breech presented. We notice that in most of the cases before version and delivery were performed the patient was anæsthetised, generally with ether. In the one fatal case the patient had had hæmorrhages during the seventh and eighth month. She came under Dr. Thomas's care at the end of the eighth month. She was carefully watched for Dr. Thomas by Dr. C. S. Ward for a week. "as decided hæmorrhage recurred," premature labor was decided on. The bags were used, and a female catheter was introduced into the uterus. Pains came on in three or four hours, and the patient was delivered of a vigorous male child; but in forty-eight hours puerperal septicæmia came on and proved fatal. Perhaps a better result, even in this case, would have followed earlier induction of labour. One month after, the lady's sister, in the same house, attended by Dr. Sands, after a perfectly natural labour, died of puerperal fever.—*Lancet.*

———:o:———

Arsenic in Wall-Papers and Dresses.

Of fifty samples of wall-paper recently examined by Professor A. P. Kerley, says the *British Medical Journal*, twelve were found to contain arsenic. The arsenic was present either as arsenite of copper or aceto-arsenite of copper. Two samples, not reported, which contained no green color, were found to contain

arsenic; and several with green figures contained no trace of arsenic. Six samples of green tarlatan, all that were tested, were found to contain large amounts of aceto-arsenite of copper. The higher the price paid, the more arsenic was found. The green coloring was held more firmly to the fabric by means of gum arabic and starch. From the results tabulated, it appears that a room sixteen feet square and nine feet high will have spread upon its walls, provided any of these papers are hung, from fifty-two grains to more than eight ounces of green coloring matter. The remedy is simple; be careful not to buy such wall-papers or dresses.—*Med. and Surg. Reporter.*

———:o:———

Are Ants Civilized?

The October number of the "Quarterly Journal of Science" contains an article on "Our Six-footed Rivals," the ants, which may well cause us to believe that we are not the only rational and civilized beings on this globe.

Let us suppose that we were suddenly informed, on good authority that there existed a race of beings who lived in domed habitations, aggregated together so as to form vast and populous cities, that they exercised jurisdiction over the adjoining territory, laid out regular roads, executed tunnels underneath the beds of rivers, stationed guards at the entrance of their towns, carefully removed any offensive matter, maintained a rural police, organized extensive hunting expeditions, at times even waged war upon neighboring communities, took prisoners and reduced them to a state of slavery; that they not merely stored up provisions with due care, but that they kept cattle and even cultivated the soil and gathered in the harvest. We should unquestionably regard these creatures as human beings who had made no small progress in civilization, and should ascribe their actions to reason.

Among the *hymenoptera* the lead is undoubtedly taken by the ants, which, like man, have a brain much more highly developed than that of the neighboring inferior groups. Perhaps the most elevated of the formicide family is the agricultural ant of western Texas. This species is, save man, the only creature which does not depend for its sustenance on the products of the chase or the spontaneous fruits of the earth. A colony of these ants will clear a tract of ground, some four feet in width, around their city, and remove all plants, stone, and rubbish. A species of minute grain, resembling rice, is sown therein and the field is carefully tended, kept free from weeds, and guarded against marauding insects. When mature, the crop is reaped and the seeds dried and carried into the nest. If this is done near a larger city the latter regard it as an intrusion, and a fierce warfare results, which ends in the

total destruction of one or the other side. The queens are treated with great attention and installed in royal apartments.

The ant government is communistic. In a formicary there is no trace of private property; the territory, the buildings, the stores, the booty, exist equally for the benefit of all. The family among them scarcely exists. Rarely is the union of the male and female extended beyond the actual intercourse, all provision for the future young devolving upon the latter alone, the former being speedily killed, as he is no longer of any use. The females are larger, stronger, and more long-lived. The workers and fighters are sexless; to them belongs the real government of the ant-hill, and they provide for its enlargement, well being, and defence.

Ants are sometimes very stupid in regard to small things, but in many instances they display remarkable sagacity. Mr. Belt, in his "Naturalist in Nicaragua," tells of a column of ants who were crossing a watercourse by a small branch not thicker than a goose quill. They widened this natural bridge to three times its width by a number of ants clinging to it and to each other on each side, over which the column passed four deep, thus effecting a great saving of time. Again, the *eciton legionis*, when attacking the hill of another species, digs mines and passes the pellets of earth from ant to ant until placed at a sufficient distance outside to prevent it rolling back into the hole.—*Medical Bi-Weekly.*

———:o:———

International Congress of the Medical Sciences. Held at Geneva, Switzerland, Sept. 9-15, 1877.

FIFTH BIENNIAL SESSION.

The opening session was held in the Aula of the University, at three o'clock, p. m., on Sunday, September 9th.

The President of the Committee of Organization, M. Carl Vogt, gave the opening address. Federal Counsellor, Numa Dorz, then pronounced an eloquent discourse, in which he eulogized the medical sciences and gave a warm welcome to the delegates. MM. Carterel and Rivoire, on the part of the municipal government, followed in welcoming the representatives of other countries to the city of Geneva.

The addresses of welcome being over, Carl Vogt then made a formal opening of the business of the session by a discourse upon the question: Is Medicine an Exact Science in the same sense as Mathematics, Physics, etc.? To this the learned speaker was compelled to return a negative answer. He endeavored to show that this is due, in a great measure, to the impossibility of making experiments upon human life and health, to the uncertainty of con-

clusions drawn from experiments upon the lower animals; then he proceeded to criticise the lack of method and true scientific spirit among medical men, and, finally, the defectiveness in their preparatory education. Much of the blame he was disposed to put upon the great amount of time devoted to classical studies.

The General Secretary, Prof. Prevost, then read his report upon the organization of the Congress. The provisional organization was made permanent, and, on motion of Prof. Hardy, of Paris, Honorary Presidents were chosen from the different countries represented, among them, Drs. J. Marion Sims and E. Seguin, for the United States. The session then closed.

In the evening an entertainment was given in one of the public buildings, enlivened by music and graced by the presence of many fair ladies, who did the honors, as was to be expected, in a manner at once enchanting and unexceptionable.

SECOND DAY, MONDAY, Sept. 10.—The Sections met in the morning, the general meeting was held at three p. m., M. H. Lombard presiding. Dr. Broadbent, of London, read his report upon Cerebral Localizations. We give a short abstract of his conclusions:

1. On the Motor Zone of the Cerebral Cortex:

a. Physiological experiments have established the fact that there exists a certain zone in the cortical portion of the cerebral hemispheres which is in intimate relation with the nuclei of the motor nerves in the medulla oblongata and the spinal cord. In the monkey and in man this zone is situated about the fissure of Rolando, principally in the two ascending or marginal convolutions, which bound this fissure. In this region there exist certain tracts related, more or less definitely, to the movements of the face, arm, leg, etc.

b. The pathology of this region is in remarkable accord with the results of experimentation. Partial and irritative lesions produce partial epilepsy, with or without transient or permanent hemiplegia. More extensive lesions, with more or less extensive destruction of the gray cortical substance, cause monoplegia or hemiplegia.

c. While admitting this localization of motor centers he also assumes that their connection with the anterior horns of the gray substance of the spinal cord is not direct, but takes place through intermediate ganglia. He concludes that the motor centers of the cerebral cortex are the points of departure for ideo-motor actions, of voluntary impulses. The cells of the motor zone are the apparatus by which the dictates of the intelligence are formulated for transmission or outward expression.

d. According to the experiments of Hitzig and Ferrier, there exists in the cortical layer a region or zone for perception. This has not been demonstrated by pathology.

e. Certain portions of the brain have not been yet ascertained to be the seat of special functions. (We must refer our readers to

Ferrier on the Functions of the Brain, for a more extended discussion of these points, as also of the functions of the opto-striate bodies.)

f. There does not appear to be any cerebral vaso-motor center; the vaso-motor apparatus is in relation with the general motor system, and, like it, has centers in the cord, the central ganglia and in the convolutions. The same may be said of trophic nerves and trophic centers. Trophic influence resides in the entire nervous system.

During the discussion of Dr Broadbent's paper. Prof. Schiff raised some objections to the theories of the learned Englishman.

Dr. H. Cl. Lombard, of Geneva, read a report on Medical Geography, with special reference to Malaria in Europe and in North America, after which the general session adjourned.

THIRD DAY, TUESDAY, Sept. 11.—Prof. Schiff made a report on the Functions of the Spleen. His conclusions were drawn from extirpation of that organ in animals; the most important of which are as follows:

1. The spleen, during digestion, especially during stomachic absorption, prepares the ferment which, entering with the blood into the tissue of the pancreas, transforms a special substance (probably albuminoid) into *pancreatopepsin* or trypsine, a substance capable of digesting albuminoid bodies.

2. After extirpation of the spleen, the pancreatic juice loses its digestive influence upon albuminoid bodies,while it preserves its other digestive properties. Duodenal digestion of albuminoids, normally distinguished by its energy and rapidity, then becomes as feeble as in any other part of the small intestine.

Prof. Hardy then read a work entitled: Some Considerations upon the Etiology,Nature and Treatment of Contagious Diseases of the Hairy Surface. The author dealt exclusively with parasitic affections; fatus, trichopta and pelade. In his opinion all these affections are of parasitic origin, only the last named being disputed All are eminently contagious, but every one does not offer the same susceptibility to contagion. Physical and moral depression have a great part in determining each person's liability to receive it.

FOURTH DAY, WEDNESDAY Sept. 12.—M. Bernhard, of Paris, read a report on the Causation of Typhoid Fever. He thought that the disease might be conveyed through the medium of the air and drinking water. He directed especial attention towards these means of infection. Contagion, he thought, occurred only exceptionally.

SESSION OF THURSDAY, Sept. 13th.—M. Lebert read a work on Chronic Ulcer of the Stomach. This was based on 252 cases observed by himself. His conclusions offer little novelty. In treating these cases he insists upon the efficacy of the milk diet.

M. Marey gave a remarkable lecture on the electrical discharges of the torpedo (cramp fish), which was received with much enthusiasm.

He demonstrated that there was a strong analogy betwen ordinary muscular contraction and the electrical discharges of this fish.

M. Gellé, of Brussels, discussed at great length the necessity for an Universal Pharmacopœia.

Dr. E Seguin, of New York, strongly advocated some uniform method of clinical observation in every country. It was decided to appoint a committee to report to the next Congress upon an Universal Pharmacopœia. Among others, Drs. J. Marion Sims and E. Seguin were appointed upon this committee at the session of Sept. 14th.

Dr. C. Vogt, at this session, made his report on the Entozoa of Man.

SEVENTH DAY, SATURDAY, Sept. 15.—It was decided the will of the Congress to hold its next (sixth) session in Holland.

Carl Vogt then made the closing address and declared the Congress at an end. Dr. Pacchioili, of Turin, and Dr. Bouchard, of Paris, delivered addresses of thanks to the officers of the Congress and to the Swiss Federal and Cantonal authorities, for their cordial hospitality.

SECTION OF MEDICINE.

FIRST SESSION, Sept. 10.—Prof. Baccilli, of Rome, read a paper, in Latin, on a New Method of Treating Certain Aortic Aneurisms. This method is to be applied only to aneurisms by lateral dilatation, and puncturing the sac where it is most thin, with a capillary trocar and introducing through this puncture a watch spring. The watch spring becomes a formative center for blood-clots which eventually occlude the tumor. He reported several cases successfully treated by this method.

Dr. Proust reported a case of acute myelitis, in the name of Dr. Jeoffroy and himself. This case was interesting for its mode of onset, which had been a fall. Some of those who discussed the case thought the fall merely the first symptom of pre-existing disease.

Dr. Proust read the conclusions contained in a memoir on Phthisis, by Dr. Grancher. From clinical observation and pathological anatomy, the author recognized three forms of phthisis: common, ordinary phthisis, caseous pseudo-lobar pneumonia, and acute ulcerative phthisis. In his opinion caseous pneumonia and granulation do not exist without tubercle.

SECOND DAY, Sept. 11.—Dr. Revilleod, of Geneva, read a long paper on Diphtheria. His views offer little that is new. We may state, however, that he thinks croup and diphtheria, to be identical; that there is no specific for the disease; that tracheotomy should be performed in the third state of croup, and that two-thirds of these cases ought to recover.

Prof. Hayem, of Paris, read one of the most important papers of this Congress, on the Alterations of theBlood in Anæmia. Accord-

ing to Hayem, all treatment is useless if iron is not taken by the patient.

THIRD DAY, Sept. 12.—M. Schnitzler, of Vienna, read an essay on the Employment of Compressed Air in diseases of theLungs and Heart, and M. Gimbert, of Cannes, on Treatment of Phthisis by Creosote. M. Carville thought Dr. Gimbert ought to change the title of his paper to Expectant Treatment of Phthisis. He thought the great physician of the South, the Sun, was entitled to the credit of the cures reported by Dr. Gimbert, and that every physician could obtain the same results by feeding his patient well.

FOURTH SESSION, Sept. 14.—Dr Cérenville, of Lausanne, read a paper on the Influence of Salicylic Acid over some of the Nervous Complications of Typhoid Fever,and the anti-pyretic action of that drug. Dr. Valcourt, of Cannes, reported two cases of death from Asphyxia by Compression of the Trachia by Diseased Bronchial Glands.

SUPLEMENTARY SESSION of Sept. 15.—M. Dejerine read, in the name of Dr. Vidal, physician to the St. Louis Hospital, Paris, the latter's conclusions on the Inoculability of Divers Skin Diseases. He has found ecthyma inoculable upon healthy persons, also auto-inoculable to the fourth and fifth generation of pustules.

Common herpes is, exceptionally, inoculable on the subject of the disease, herpes zoster is never inoculable, perputial herpes he has never seen inoculable.

Impetigo, and mentagra are auto-inoculoble. Pemphigus of the new-born (non-syphilitic) is auto-inoculable to the second and third eruption, upon the bearer. Eczema, pemphigus diutinus, and molluscum contagiosum (acne variolaformis) are never inoculable.

Dr. Debout d'Estrées followed with a communication on Hairy Gravel. His conclusions are as follows:

A species of gravel exists which is characterized by the emission of hairs with the urine. These hairs are sometimes accompanied by bony and cartilaginous tissues, which may be due to a fœtal cyst communicating with the urinary passages. At other times they are accompanied solely by uric acid and arise from an abnormal production of hair upon the mucous membrane of the urinary tract.

M. d'Espine read, in the name of Dr. Sangalli, a note on a case of perforation of the intestine by round worms.

A discussion followed on the use of the thermo-cautery in tracheotomy, after which the Section adjourned *sine die.—St Louis Record.*

———:o:———

Composition of Secret Remedies.

Professor Richter states that, among nine hundred and thirty-eight secret remedies analyzed by him, he found (1) 22 per cent.

contained substances of violent or poisonous action; and (2) 25 per cent. which, although less active, yet were possessed of medicinal power; while (3) 52 per cent. were of no importance, or quite inoffensive. The first category, especially, comprises violent and poisonous agents for the skin and hair; opiates for children, capable of inducing chronic cerebral disease, or even death; "purifiers of the blood," composed of arsenic or mercury; and a whole legion of violent purgatives, capable of doing, in appropriate cases, an immense amount of mischief. The third category comprises preparations which have nothing in common with the noxious and poisonous effects produced by those of the first and second, but yet agree with them in being sold at from five to a hundred times their proper value, and thus constituting robberies. All these attacks on the public health and morals take place with the full cognizance of the public authorities.—*Med. and Surg. Reporter.*

———:o:———

A Case in Proof of Non-Identity of Variola and Varicella.

By Seymour J. Sharkey, Resident Assistant Physician. St. Thomas' Hospital.

Thomas B——, aged five years, left the scarlet fever ward of St. Thomas's Hospital on Nov. 22d, 1876, where he had been under the care of Dr. Bristowe. In the same block, and on the floor above, there were during the child's stay in the hospital, several cases of small-pox. Since his discharge from the hospital he had never felt quite well, but had suffered from headache, slight pain in the back, and anorexia. His friends brought him back on Nov. 28th, with a vesicular eruption upon him, which was said to have appeared first on the legs, though it was then most profuse on the abdomen and back. The child was stated never to have had chicken-pox, and never to have been vaccinated, and there were no marks of vaccination upon him.

On admission, the eruption was not well enough developed to to make a certain diagnosis between varicella and variola, and he was therefore isolated in a small ward on the same floor as the small pox wards. Soon, however, the disease showed all the characters of varicella, and was pronounced to be so by Dr. Risdon Bennett and Dr. Bristowe. The patient was then removed to the floor below, and during the next few days fresh crops of vesicles appeared, which were vesicular from the first, had no induration around them, and dried up rapidly.

As small-pox was rife in London, and there were cases of the disease in the block, it was thought advisable to vaccinate the child at once. This was done in four places on Nov. 30th. Four very fine vesicles resulted, which ran their normal course at first, but the areola was never properly developed round them. On December 7th—that is, on the eighth day from vaccination—the child

became very restless, his sleep was much disturbed by dreams and apparitions; he had pain in the back, vomited several times, and was feverish. The vomiting was frequent and violent on the following day, and on the 9th of December a few papules appeared on the face, then on the arms; and on the 11th the face, arms, legs, back, and abdomen showed a profuse crop of papules which were clearly the early eruption of small-pox, the scabs of varicella being still present. The primary fever was very considerable, the temperature reaching 105° F., but as soon as the eruption appeared it dropped to 99°. The eruption developed in the ordinary way, and secondary fever of moderate intensity set in early, as shown in the temperature chart. The eruption was profuse, but not confluent. Convalescence was very tedious, and was interrupted by an enormous, hard swelling on the left side of the neck beneath the lower jaw, which appeared to commence in the lymphatic glands, and subsequently suppurated. The child recovered however, and was discharged from the hospital on February 10th, 1877.

This is a case of considerable importance, and one that should be put on record, and the paper recently read by Dr. Farquharson before the Clinical Society has led Dr. Bristowe to give me permission to publish it at once. It places beyond doubt the non-identity of varicella and variola, and shows that vaccination does not prevent the incubating poison of small-pox from producing a well-developed attack of the disease, although eight days have elapsed from the time of the operation. It also shows that an individual may harbor at the same time the poisons of two infectious diseases, or at at any rate the poisons of varicella and variola, each of which shall in due time produce a well-marked attack of the disease in which it originated. For, if we take twelve days as the usual period of the incubation of small-pox, and ten and sixteen days (Bristowe) as the extremes, the patient in question must have been infected by the poison of variola either when the eruption of varicella was out or during the time of incubation of that disease. —*London Lancet.*

———:o:———

Shall Medical Witnesses Receive a Proper Compensation?

Dr. Thomas J. Dills, of Fort Wayne, Ind., has had a controversy with the courts of his city, and came off second best. He was called to testify in a case of supposed rape. In regard to matters of fact he testified so far as he knew, but when asked his *opinion* in regard to certain matters, he refused to testify unless paid such equivalent for the service as he was in the habit of charging in his office. The judge sent him to jail for contempt of court. He was brought from the jail on a writ of habeas corpus, and the writ was argued before the same judge it is said, who of course sustained his former ruling, and remanded the prisoner to the sheriff. Dr. Dill, thinking it better to give his opinion than remain in jail, gave the

required testimony and was released from custody. A fellow physician of Dr. Dill's was compelled to testify under similar circumstances. The Allen County Medical Society have taken steps to make this a test case before the supreme court, and have called upon other county societies for pecuniary assistance.—*The American Practitioner.*

———:o:———

Military Surgery in Turkey.

The following details will seem incredible to those who are not acquainted with the peculiar ways of the Turkish administration. An artillerist had his knee shattered at Sistova by the explosion of a shell, and after his wound had been temporarily dressed he was transported from the field of battle to Constantinople. In spite of his intense sufferings, he listened with the greatest interest to all the news from the seat of war. On his arrival in Constantinople, amputation was found to be necessary; but before the operation could be performed, permission had to be obtained from the ministry of war. This permission must always be obtained before an amputation can be performed in a Turkish hospital, and it not unfrequently happens that the patient dies before the civil functionaries have ceased deliberating on the demand of the surgeons. Fortunately for our artillerist, his case was pushed through with exceptionable rapidity, and the desired permit was given after a delay of only eight or ten days. The brave soldier, who had awaited the pleasure of the administration with the most exemplary patience, bore the operation with heroic courage; there is still hope that his life will be saved.—*The Medical Record.*

———:o:———

United States Medical Library.

The British and Foreign Medico-Chirugical Review, says: "We warmly congratulate the profession of the United States on their good fortune in possessing so able a bibliographer as Dr. Billings, who has the intellect to appreciate the importance of a great public medical library, and the enthusiasm and diligence sufficient to overcome the endless difficulties met with in the formation and management of such a collection. Surely his efforts and his great success will have a reflex action on European, especially on English, librarians. Nowhere are there such numerous opportunities for buying rare and curious books and manuscripts, as in the London auction-rooms, yet no use seems to be made of them by any of the London medical libraries at the present time."

———:o:———

Dr. Edward H. Clarke, of Boston, Mass., died Nov. 30th, of cancer of the rectum, in the 57th year of his age. He graduated at Harvard in 1841; at the medical department of University of

Pennsylvania, in 1846. In 1850 he and others started the Boylston Medical School, and in 1855 he was appointed Professor of Materia Medica in the Harvard Medical School, which position he held until 1872. He was an interesting and popular writer, but he will be principally known by his essays on Sex in Education, and his paper on Practical Medicine in the Century of American Medicine. He was a very successful lecturer, and had the reputation of making "materia medica interesting."—*The Med. Record.*

GEORGE AYER, M. D.

MEETING OF THE ERIE-COUNTY MEDICAL SOCIETY.—TRIBUTE OF RESPECT.

A meeting of the Erie-County Medical Society was held at the Medical College on Saturday evening, Dec. 8, '77, for the purpose of taking action on the death of the late Dr. George Ayer. The meeting was called to order by Dr. E. Storck, Vice-President of the Society, and Dr. D. W. Harrington acted as Secretary. The object having been stated by Dr. Storck, the meeting was addressed as follows by Dr. Julius F. Miner:

Mr. President and Gentlemen:

We gather this evening where we have so recently and so frequently met on similar occasions, to take action upon the death of a brother; and it may be proper that I, who knew the deceased more intimately than many of you, say a few words which will give a larger expression of the grief we feel in the loss we have sustained in the death of our respected friend and associate, Dr. George Ayer. Dr. Ayer was born in Hampton, N. H., in May, 1821, and by his own unaided efforts fitted himself for college and was graduated from Dartmouth in 1841. Three years later he graduated from the medical department of the same institution. He located in Stafford, Genesee County, N. Y. where he practised his profession for about eighteen years, and from there he removed to Buffalo in 1863, since which time I have known him intimately in a professional way, and have respected his opinions and admired his confidence and trust in the truthfulness of his conclusions. He was open to new truth, but when his opinion was formed it was not easily changed. He had in this city an extensive and quite lucrative practice, enjoying the confidence and respect of his numerous patrons and friends in a very marked degree. He was an educated, faithful and skillful physician, and will be truly mourned by a wide circle of patrons and friends.

He has labored earnestly and faithfully and fallen a victim to the dangers and hardships of the profession which he ardently loved and most truly honored. In his devotion to and care of the poor and abandoned, he contracted blood poison of great activity

and virulence, in 1872, which cast the shadow of death over all the remainder of his life and finally ended his days.

It may interest you to know more definitely the course and progress of his malady. He was poisoned in obstetric attendance in June, 1872, and secondary symptoms manifested themselves very early in characteristic form. The deep ulcerations and cutaneous eruptions of tertiary stage soon blended with and aggravated the secondary symptoms. Impressed with the severity and danger of his disease, he consulted the most experienced surgeons of this country, following their advice, however, with little apparent benefit. In October last he was precipitated with his carriage down an embankment, a distance of twenty feet, receiving a severe shock and fright from which he never recovered. For the past three weeks he complained of severe pain in his head, back and limbs, with constipation, loss of appetite, vomiting, jaundice, etc., resulting in great exhaustion and finally in death.

After the conclusion of Dr. Miner's address, remarks were made by Drs. W. W. Miner, and F. W Bartlett, when a committee consisting of Drs. J. F. Miner, J. C. Green and C. C. Wyckoff, was appointed to draft a memorial expressing the sentiment of the Society upon the death of Dr. Ayer. The committee reported the following, which was adopted :

MEMORIAL :

Dr. George Ayer, at the close of a laborious, earnest, successful and honorable life, is peacefully at rest. He died December 7th, 1877, at the age of fifty-six years, cut off untimely by one of the accidents peculiar to our calling. He was conscious to the last, talking calmly and discriminately with his friends of the great change of death and the hopes of a final rest. He was an honest, upright, earnest, intelligent worker in the profession and had traits of character to be admired and imitated. Though conscious of having enjoyed superior advantages of education and observation, he was retiring and unassuming in manner. He was true and faithful to his friends, and ever willing to forgive wrongs. We may be proud that he had so long and faithfully labored among us, and endeavor to emulate his virtues and profit by his example.

On motion the Society resolved to attend the funeral of Dr. George Ayer in a body, wearing the usual badge of mourning. The meeting then adjourned.

EDITORIAL.

The Struggle For Existence Becomes General.

The "struggle," has heretofore been confined to the rank and file of the medical profession while the commanding and subordinate officers have been

exempt from attack and have for the most part looked on and noted the progress of the war. but now it is changed. The lights of the profession, the guides are being attacked. It is charged that they Advertise very much like the Quacks. The "Code"—the organic law—the standard of morals is charged with defects,—as operating unfairly and opressively. So far as suppression of quackery is concerned, it is charged as being a failure, and the President of the American Medical Association, Dr. Simons tells the members "that it requires revision."

Art. 1st of the code says "it is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand-bills inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis or promising radical cures; or to publish cases and operations in the daily prints, or to suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and highly reprehensible in a regular physician."

Dr. Chenoweth points out to the medical society of central Illinois how the code is defective and how its provisions are ignored and avoided. Showing how medical colleges and their professors *do* advertise in Illinois at least, perhaps sometimes in Ohio and New York, and how specialists do disregard the medical code every where and still try to retain fellowship with respectable physicians, He says:

"The first clause aims to prevent specialists from resorting to public advertisements and the American Medical Association has decreed that they shall not advertise in medical journals, so that an advertisement of a specialty in a medical journal is just as much an infringement as the same would be in a newspaper. How then do specialists advertise, if at all? A common mode is to establish a private hospital, place it under the care of a religious society, and advertise themselves as consulting physicians. This is done in nearly all of our large cities, and while there is a deal of seeming modesty in it, it is so effectual that he is blind who cannot see it. Another mode quite as effectual is by reprinting essays which have been contributed to medical journals, and sending them to physicians and druggists all over the country. But whatever the mode adopted there is no question of the fact that they do advertise, and so effectually as to be known outside of the profession almost as well as in the profession.

The next clause forbids "publicly offering advice and medicine to the poor gratis." This is almost a dead letter because of public charities, and because of the call for patients at the clinics of the professors in our medical colleges. In 1875 the editor of a prominent journal published in the city of New York said. "when a new hospital or dispensary is started, it is not an uncommon thing to see placards upon the fences announcing the fact, and a general invitation to the public to avail themselves of the privilege of being treated gratis." And the fact that treatment can be had free at college clinics is so well advertised that most of us suffer the consequences whenever it becomes known that we propose a surgical operation. Very recently I contracted to operate on a lad for stone in the bladder, and appointed a day for the operation, but before the time arrived the father of the boy was induced to take him to a neighboring city, where the stone was removed without charge.

The third clause prohibits from promising radical cures. Promises of this kind are seldom made directly, but there is a constant disposition on the part of writers in medical journals, and of medical books, to so state their cases as to promise by implication the cure of like cases.

The fourth aims to prevent the publication of cases and operations in the daily papers. It is a much more difficult matter to avoid wilfully violating this rule to-day than ever before. As an illustration, Senator Ferry, of Michigan, was taken sick just after the close of the last session of the American Medical Association, and the attention rendered to him by Dr. J. H. Hollister, of Chicago, was as well known in every city and town in the United States as it was by Senator Ferry's household in Detroit—having been announced in the associated press dispatches. Last year when Senator Blaine was sick, daily, and almost every hour, his physician gave reports of his condition. True, he was an irregular practitioner, but had he been as regular as the most scrupulous member of this society his name would have been in every newspaper in the land The not over-nice physician, whose reputation is insufficient to command the practice of the great, and who wishes to advertise can do so without laying himself liable, and that he does we have every necessary proof. A medical journal of general circulation in the West said, not long since, "To-day physicians advertise practically without limit ar censure, provided they use some ingenuity in appearing in the text columns of the newspaper, and not in those devoted to advertisements; and provided, also, that they have some little local or general influence, and do not belong to the unhappy army of professional strugglers for bread, who, if under the pressure of want violate the law, are remorsely crucified, and publicly held up as a warning and example.

The fifth clause prohibits inviting laymen to be present at operations. How far this is obeyed, generally, I do not know, but I have not heard of an instance where they were kept away if they desired to be present.

The sixth clause denounces boasting of cures and remedies—alluding, doubtless, to conversation as well as advertising in the press. This is so common an offense that he who is not guilty should be looked upon as a paragon.

The complacency with which Dr. Gross speaks of the amount and kind of of work he bestowed on surgery, and of the conscientious manner in which he has taught surgery, is an exhibition of self-confidence which in an inferior man, or one whose work did not correspond to the estimate placed on it by himself, would be regarded as self-praise, and has probably been the innocent cause of not a little boasting by inferior men in regard to their practice. The Dr. says: "I have been unceasingly devoted to the duties of an arduous practice, both private and public; to the study of the great masters of the art and science of medicine and surgery; and to the composition of various monographs having a direct bearing upon a number of the subjects discussed in these volumes. The work therefore should be regarded as embodying the results of a large personal, if not ripe, experience; of extensive reading; and much reflection; in a word, as exhibiting surgery as I myself understand it, and as I have for so many years conscientiously taught it."

In the annual address before the New York Academy of Medicine, 1858, J. Marion Sims claimed that the use of the silver wire suture originated with him, and that it is "the great surgical achievement of the nineteenth century." The society not only accepted his statements but ordered the address to be printed in pamphlet form for distribution. Every body did not agree with him. A celebrated physician, in review of the address, said that "were it not in the black and white of a printed pamphlet published 'by order,' etc, and with all its *ad captandum* paraphernalia of pictures and staring capitals" he would "try to regard its various peculiarities as the harmless frothiness of an after dinner effusion, easily accounted for and as readily forgotten," and further stigmatised it as a "tissue of adulation and self-glorification." If Sims violated the spirit of the Code it did not prevent his election as presi-

dent of the American Medical Association. Spencer Wells *par excellence* the ovariotomist, does not hesitate to tabulate the result of variotomy for the last nine years in some of the large general hospitals in London, and show a very favorable result in the Samaritan (his) hospital as compared with others. True, he offers as a reason for making these results public, "that the larger hospitals would be encouraged to do all that could be done by efficient sanitary precautions to assist in insuring greater success in the future. * There is no such useful stimulus as a little wholesale rivalry." If any one else had made the comparison we would have no right to charge boasting to him, but as he did it, and showed a success from two to three times greater for himself, it may be that a little just pride excited the act. Though he was careful to be judged of by the results of his operations, obeying the scripture injunction, "let not him that girdeth on his harness boast himself as he that putteth it off.

Seventh, to adduce certificates of skill and success. This differs but little from the last, since reports of cases and reference to parties is almost identical with certificates from the parties, especially if permission has been obtained to refer to them—a thing frequently done when boasting of cures.

The last prohibitition is intended to cover like acts not specified. As this is a general provision it has but little binding force, being subject to different interpretations according to taste or inclination. That we do not exaggerate in reference to violations of the Code, will be apparent to any one who will notice the phillipics against members of the profession, found in medical journals, for irregularities in practice. Many of them, doubtless, are intended to

"Compound for sins they're inclined to
By damning those they have no mind to."

But the sins exist or there would not be so many notices of it. But if the journals ignored the fact, the troubles arising in County and State Societies show plainly enough that there are many violations of the Code, or very many persons who are straining at gnats. Many of these difficulties doubtless arise from honest difference of opinion. Certain persons, believing that it is right to advertise, undertake to follow the dictates of their own judgment; or knowing that advertising is done extensively by parties of reputation, claim that as these persons are not censured their course is approved—silence being construed into endorsement. For instance, about ten years after the adoption of the Code of Ethics by the American Medical Association, Dr. Draper, the accomplished Professor of Chemistry of the medical department of the New York University, published a very elaborate and elegant circular containing his testimonials as a physician and surgeon. I do not know what action, if any, was taken by the association in regard to it; but his interpretation of, or contempt for, the Code doubtless influenced others to a like course."

Our Illinois friend has stated this "code" question so truthfully that we have indulged in a liberal quotation mostly because he passes over the obscure and unimportant advertiser and shows how the very best manage to avoid and disregard the very laws they have been most active to make and inforce. The Editor of the New York Record points out how wise and good men in New York advertise (gratuitously), and yet whose professional standing is little if at all lowered. Possibly our code *is* useless for good and should be amended and enforced or discarded altogether. There are a great many physicians who greatly desire to advertise but are not yet in position to do so satisfactorily, and are restrained. Men who have nothing to advertise do advertise it extensively and on this account we mistrust that the physicians who are competent, honest and truthful, have no desire or willingness to en-

ter the long list of professional vagabonds who fill every corner with the nauseating accounts of themselves. How can men anxious for distinction think of obtaining it, or anything but infamy by self-adulation and how can physicians of lower grade looking only for the rations of professional notoriety expect to gain this end by any of the various expedients complained of.

The honest unpretending non-advertising intelligent physician *only* can have reputation, honor and distinction. Whosoever thinketh up some other way, the same is a thief and a robber.

———:o:———

The January number of THE POPULAR SCIENCE MONTHLY opens with the third of Prof. R. H. Thurston's series of papers on "The Growth of the Steam-Engine." This, like the two previous articles, is profusely illustrated with very fine woodcuts, and is devoted to a history of the Development of the Locomotive. The second article is on "Health-Matters in Japan," by Prof. Edward S. Morse, who has just returned from a visit to that country. He describes a system of practical hygiene in operation in the cities of Japan that should make Western nations ashamed of their boasted civilization. "How to make our Ideas clear" is the subject of Prof. C. S. Peirce's second paper on "Illustrations of the Logic of Science." "The Archer-Fishes" is an illustrated article concerning a group of curious marine forms that capture their insect prey by violently squirting or shooting at it drops of water from their long, slender mouths or beaks. "Temperaments," by Dr. Ely Van De Warker, is a very interesting and, at the same time, scientific article on a subject that has been much written about, but little understood.

This magazine, now nearly six years old, started as an experiment, quickly took a bold but dignified position; and, without resorting to holiday spurts or sensationalism of any kind, has attained a remarkable success, both in circulation and in the influence it exerts on thinking people. Those who are unable or unwilling to think had better let it alone, as it has a merciless disrespect for the hide-bound torpidity it is doing so much to remove. New York: D. Appleton & Co. Five dollars per year, 50 cents per copy.

———:o:———

DR. BULKLEY is giving a course of free lectures on Diseases of the Skin, at Demilt Dispensary, New York City, Saturday afternoons from 2 to 3 o'clock. The course began Dec. 1st, and will prove of great interest to the student.

———:o:———

Books Reviewed.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. VON ZIEMSSEN. Vol. XVI. Diseases of the Locomotive Apparatus and General Anomalies of Nutrition. ALBERT H. BUCK, M. D.,

American Editor. New York: Wm. Wood & Co., 1877. Buffalo: J. H. Matteson. pp. 1060.

This is one of the largest volumes of the series, although the biograpical sketches of the authors have not been published, owing to the fact that they were not received in time from Germany. They will be published in the next volume. The remaining volumes will appear in the following order Volume XIV. in December, 1877. Volume XIII. in March, 1878. Volume XVII. in June, 1878. Volume VIII. in September, 1878, and the last, Volume IX in December, 1878. These five volumes will probably contain 1000 pages each. The work in the German, with the exception of the volume upon skin diseases, Vol. IX. is practically finished, so that it is absolutely certain that seventeen volumes will complete the work. Thus in a little more than a year will this series be brought to a close. This will be welcome news to many who, under the promise of fifteen volumes of from 500 to 700 pages to be issued at short intervals, were induced to subscribe to a work that has been increased to seventeen volumes of 1000 pages.

Volume XVI contains three articles by Prof. H. Senator, of Berlin. Diseases of the Locomotor Apparatus; translated by E. Buchanan Baxter, M. D. and treating of the Rheumatic affections of the joints and muscles; Gout; Arthritis Deformans, and Rickets. Diabetes Mellitus is translated by Frank P. Foster, M. D., while Diabetes Insipidus is translated by Henry P. Bowditch, M. D. Slight Disorders caused by catching cold, by Prof. E. Seitz, of Geissen, is translated by Dr. Baxter, as is also the next article by Prof. H. Immermann of Basel; General Disorders of Nutrition,—Anæmia, Chlorosis, Progressive Pernicious Anæmia. Corpulence is also presented by Prof. Immermann. Scrofulosis and affections of the Lymphatic Glands in general, by Dr. Birch Hirschfeld, is translated by Godfrey Aigner, M. D.

Prof. H. Immermann, under the treatment of Anæmia recommends transfusion in many cases. He says that a favorable result may be anticipated from a timely resource to transfusion whenever acute oligæmia is brought on by loss of blood in a previous healthy person. Acute anæmia after postpartum hemorrhage offering the best chances of success. The modes of transfusion are considered, and the conclusion arrived at, that defibrinated human blood is by far the best. We have not the space to notice the various articles at length, but would say in brief that as a volume this will rank with any other in the series published. C.

Lectures on Fevers. By ALFRED L. LOOMIS, A. M., M. D. New York: William Wood & Company. 1877. Buffalo: H. H. Otis. pp. 403.

"These lectures were delivered in the Medical Department of the University of the city of New York to the class of 1876-7." and were phonographically

reported. They are an embodiment not only of the latest thought on the subjects of which they treat but we believe of the best thought and practice. The method and thoroughness of the author's work are apparent at a glance. The morbid anatomy of each fever is first taken up then its etiology, symptoms, differential diagnosis, prognosis and treatment. A Bibliography of fever literature published since 1850 finished the volume, in which, papers that have only appeared in medical journals are not included. The Bibliography comprises titles of works from between four and five hundred authors of eminence, and is in itself interesting and valuable, since there is no complete medical bibliography published.

"These lectures are the result of careful study of the literature referred to in the bibliography combined with extensive clinical experience."

This is without doubt the best treatise on fevers in the English language.

M. B. M.

Transactions of the New York Pathological Society. Volume II. Based on the proceedings of the year 1875 and largely supplemented from the records of 1844 to 1877. Edited by JOHN C. PETERS, M. D. New York: Printed for the Society by Wm. Wood & Co. 1877. Buffalo: H. H. Otis.

In noticing the first volume we expressed the hope that other volumes would follow at short intervals and we are glad that the society have so soon given the second of its publications to the profession, but we are sorry that the good work is likely to be interrupted from lack of funds. The society is so rich in pathological material of great practical importance that it is to be hoped that some way may be found to publish still more of its proceedings.

The present volume is devoted to diseases of the intestines and diseases of the liver. We have not the space to name the many rare and interesting cases presented, but can recommend it as worthy of close attention. As the edition of each volume is small it would be well for all who wish to purchase to do so at once else they may be unable to procure a copy. C.

Cutaneous and Venereal Memoranda. By HENRY G. PIFFARD, A. M., M. D., and GEORGE HENRY FOX, A. M., M. D. New York: Wm. Wood & Co. 1877. Buffalo: H. H. Otis. pp. 279.

This little volume consists of forty-five chapters, one-half being devoted to cutaneous diseases, the remainder to venereal diseases. The object of the work is well shown by this extract from the preface. "The fact that many students are unable during their pupilage to procure voluminous works on special subjects has induced the Authors to prepare the present volume. In doing

so they have endeavored to inculcate principles rather than to elaborate details, and to present the facts in as compact a form as possible." The object they had in view has been attained. It will be of use to the student. C.

Personal Appearance and the Culture of Beauty with Hints as to Character. By T. S. SOZINSKEY, M. D., Ph. D. Philadelphia: Allen, Lane & Scott, 233 South Fifth Street. 1877. pp. 196.

About half a century ago a book on Personal Beauty was written by Dr. John Bell and published in this country. In 1870 another book entitled "Health and the Human Form" was prepared by Drs. Brinton and Napheys of Philadelphia and published by W. J. Holland, Springfield, Mass.

Dr. Sozinskey gives to the public this third and latest of American publications upon this subject written from a physician's stand point. It has been in course of preparation for the last seven years and the author has spared no pains necessary to make it a success. It contains more scientific facts than its latest predecessor, is very prettily gotten up on tinted paper and is in clean type.

But if one wishes to create beauty it can be done more easily and surely as well as more satisfactorily and safely than by the use of pomades or freckle lotions or rouges or depilations. Wholesome habits and industrious and worthy ambitions are the best cosmetics with which we are acquainted and if more is needed a physician's special advice is the proper thing to secure and not the wholesale advice found in newspaper items, quack advertisements and books on "Personal Beauty." M. B. M.

Outlines of Modern Chemistry, Organic, based in part upon Riches' Manuel de Chimie. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago. New York and Chicago: A. S. Barnes & Co., 1877. pp. 231. Price, $1.75.

The want of a small and inexpensive text-book upon Organic Chemistry has long been felt by the teacher and student of this extensive department of science. This small work is designed to furnish an aid to those who have previously acquired a knowledge of inorganic Chemistry, and who have no opportunity to consult the larger works of Fownes, Roscoe and others. It was prepared with special reference to the wants of the medical student.

The typographical execution is, with the exception of one grave fault, of a class rarely equaled in science publications. We can excuse proof errors in periodic literature, but in a scientific work depending upon formulæ and equations for its value we expect exactness. We find under the chapter upon Organic Acids, in the first ten pages, five mistakes in the formulæ given.

Such a mistake as the following can not be excused. Formic Acid, $CH_2O_3 = CH_2 \left.\begin{matrix} O \\ H \end{matrix}\right\} O$. Neither member of the equation is correct, the formula for Formic Acid being CH_2O_2. With a few similar corrections the book would be as near perfection as we could desire. We know of no other that can equal it as an elementary text book. C.

———:o:———

Books and Pamphlets Received.

Modern Medical Therapeutics. By George H. Napheys, A. M., M. D. Philadelphia: D. G. Brinton. 1878.

Modern Surgical Therapeutics. By George H. Napheys, A. M., M. D. Philadelphia: D. G. Brinton. 1878.

Diagnosis in Pathological Anatomy. By Dr. Johannes Orth. New York: Hurd & Houghton. 1878. Buffalo: Peter Paul & Co.

Public Hygiene in America. Centennial Address by Henry J. Bowditch, M. D. Boston: Little, Brown & Co. 1877.

Materia Medica. By John B. Biddle, M. D. Eighth Edition. Philadelphia: Lindsay & Blakiston. 1878. Buffalo: T. H. Butler.

Guide to Therapeutics. By Robert Farquarson, M. D. Edin. American Editor, Frank Woodbury, M. D. Philadelphia: Henry C. Lea. 1877. Buffalo: T. H. Butler.

Gonorrhœa and Syphilis. By Silas Durkee, M. D. Philadelphia: Lindsay & Blakiston. 1877. Buffalo: T. H. Butler.

Action of Medicines. By Isaac Ott, A. M., M. D. Philadelphia: Lindsay & Blakiston. 1878. Buffalo: Theo. H. Butler.

Transactions of the Medical Society of the State of Pennsylvania. Annual Session, June 13th, 1877. Philadelphia. Published by the Society. Collins, Printer. 1877.

Popular Science Monthly, and Supplement.

American Clinical Lectures. Vol. III. No. V.

Pyæmia and Septicæmia. By B. A. Watson, M, D.

Clinical Lecture on Surgery. By J. H. Pooley, M. D. Reprint from Ohio Medical and Surgical Journal.

Exposition of Facts. By A. Y. P. Garnett, M. D.

Cesarean Section after Seven Day's Labor. By Edward W. Jenks, M. D. Reprint from The American Journal of Obstetrics. October, 1877. New York: Wm. Wood & Co. 1877.

Annual Report of the Surgeon-General, U. S. Army. 1877.

The Localization of Diseased Action in the Œsophagus. By Harrison Allen, M. D. Reprint from Medical Times. Philadelphia: J. B. Lippincott & Co. 1877.

The Mechanism of Joints. By H. Allen, M. D. Extract from the Transactions of the International Medical Congress.

Report of Asylum at Walnut Hill, Hartford. 1877.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. FEBRUARY, 1878. No. 7

Original Communications.

:o:

ART. I.—*A Case of Intussusception in which Laparotomy was performed.* By A. A. HUBBELL, M. D., Leon, N. Y.

The operation of abdominal section, or laparotomy, for intussusception is rare in the annals of surgery. Its history and results were little known prior to 1874, when Prof. John Ashurst, Jr., M. D., of Philadelphia, published his valuable paper* containing the abstracts of all the cases he could then find,—only fourteen in number. Dr. Ashurst recently informed me that, at the present time, he has collected but twenty-seven cases, including those he previously published. I have references† for twenty-five cases besides my own. In the United States I can find only three cases previous to mine, viz: 1, that of Dr. John R. Wilson, reported in the *Transylvania Medical Journal*, 1835, (see also, *American Journal of the Medical Sciences*, 1836 and 1874); 2, that of Dr. John L. Ancrum, reported in the *Charleston (S. C.,) Medical Journal and Review*, October, 1874; 3, that of Dr. H. B. Sands, reported in the *N. Y. Medical Journal*, June, 1877. The remaining twenty-two cases are European and British,—mostly the latter.

* American Journal of Medical Sciences. † See Table appended to this Article.

A few years ago, the profession almost universally condemned the operation; yet the basis for such condemnation must have been, in the main, hypothetical and traditional. Had medical men become acquainted with the facts and results of it, few as they were, it would not, I apprehend, have been denounced in such unmeasured terms. But the sentiment is changing, and the operation is now looked upon with more favor. The data, however, is yet insufficient to guide the surgeon in its application to intussusceptions although they may faintly mark out the general indicatious. It is with the view of adding to these data that I present the details of my own case.

Stanley H———, aged 3½ years, naturally robust and strong, was convalescent from measles in a mild form when, on the 14th of April, 1877, after sleeping well the night previous, and while playing about the house, he was suddenly seized at about 7 o'clock, A. M., with severe pain in the abdomen. He manifested great suffering which his attendants could not relieve, and I was sent for at about 9 A. M. But living some three miles from the patient, and also being absent on professional calls, I did not see him until noon. I found him very restless, throwing himself in various positions from one side of the bed to the other. At this time he showed no other signs of distress or pain, there being no moans or cries. The pulse was frequent, quick and feeble, and there was a general coldness of the surface of the body which the friends told me had been greater an hour or two previous to my arrival. His bowels had been regular and had moved naturally the day before, but not since. He had vomited several times during the forenoon after taking food or drink. A careful examination of the abdomen showed nothing abnormal. Regarding the case with some suspicion and doubt, I left a simple laxative of rhubarb with carminatives, with directions to report to me the condition of the patient in the evening. At 8 P. M., I received information that the child was about the same. No severe pain had been shown, but he continued very restless. All the medicine, drink, etc., had been vomited, and there had been no movement of the bowels. I sent a mixture consisting of ℞ Sul. of Morphia one-fourth grain, Fl. Ex. Aconite Root three drops, Water one ounce. Of this I or-

dered one-half to one teaspoonful to be given every one to four hours according to amount of restlessness and vomiting.

April 15th, 9 A. M. I found the patient more comfortable. He had not vomited since the anodyne was given the evening before, although only two or three doses had been administered during the night. He had shown no signs of pain, but had been quiet and apparently easy all night and had slept well. The apparent temperature of the body was natural but the pulse was somewhat accelerated. On examining the abdomen, I detected a tumor in the right iliac region. It seemed to consist of two portions, a distinct and an indistinct. The distinct portion was about three to four inches in its long diameter and an inch and a quarter transversely, and lay parallel with the axis of the child's body. The indistinct portion appeared to proceed from the upper part or end of the distinct, and was reflected to the left toward the umbilicus and then downwards. As nearly as could be felt, it, also, seemed about three or four inches in length; yet its outlines and resistance were not sufficiently well marked to make it positive that it was a part of the tumor. The distinct portion was plain in its outlines, and abruptly terminated at the beginning of the soft, indistinct portion. It was hard and resisting, dull on percussion, somewhat tender on pressure, and more or less movable. There was no general tenderness of the bowels, no tympanitis, no disposition to flex the thighs, and any position of the body was assumed without uneasiness or distress. There had been no movement of the bowels or desire for such. Whether I had a case of obstruction from invagination or other cause, or one of typhlitis, of which I had recently had three well marked cases with similar symptoms, except the violence of the attack, I could not decide. I therefore concluded to continue the anodyne solution and await further symptoms.

5 P. M. There had been more vomiting, and occasional signs of pain in the afternoon. Otherwise the symptoms were about the same. I ordered the anodyne in larger and more frequent doses, heretofore, only one-half teaspoonful every three to four hours having been necessary.

On the morning of the 16th I was informed that the patient

had beeu somewhat restless through the night, and had given occasional evidence of a little pain. There had been some thirst, but no appetite, and he had vomited several times after taking drink. The bowels remain constipated, and in every way nearly the same as on the day previous. At this time I thought I would try an injection, and see if I could get a passage from the bowels. I used warm water stimulated with soap. The result of the injection was that it was returned emitting a very fœtid odor, and considerably colored with blood, and containing a trifling quantity of hardened feces and a little bloody mucus. The character of this evacuation, together with the symptoms previously noted, seemed to me a sufficient basis for now determining a diagnosis of intussusception. The location of the tumor led me to believe that it was the variety that authors term ileo colic, in which the ileum passes into the colon through the ileo-cœcal valve, or ileo-cœcal in which the cæcum is inverted into the colon carrying with it the ileum, although I feared that it was within the small intestine. I hoped that the constriction might not be great, that the impaction and incarceration might not be severe, from the fact that, since the first onset of the symptoms, they had assumed a mildness that I could not expect with tightly involved structures, and that could not be accounted for by the use of the anodyne mixture, as it had been given in too small doses to overcome severe pains, vomiting, etc. I therefore resorted to that most potent and hopeful of all remedies for intussusception,—distention of the colon—with a good deal of cheer and faith that some good result might accrue. I first tried inflation with air, using the only instrument immediately at my disposal, a Matteson's family syringe "No. 1." to which I attached the vaginal tube. I introduced the tube the full length into the rectum, around which with one hand I compressed the nates, while with the other I worked the syringe in the usual manner, and gradually and thoroughly distended the colon with air to the fullest extent that the patient would bear. The distention was continued for a short time, while the abdomen was gently kneaded over, and around the tumor. The air was then allowed to pass off, but no change in the tumor was perceptible. After a short interval the inflation was repeated, but with the same effect

—no change. After the inflations the patient desired to use the stool, and two or three times passed one to two fluid drachms of bloody mucus,—additional confirmation of invagination.

Next, I tried full injections of warm water, but without any effect upon the tumor. The repetition and alternation of different modes of distention failed to accomplish any good, and I felt that this was to be a hopeless mode of procedure. There was but one thing else that presented itself to my judgment as holding forth any prospect of saving the patient's life, and that was the operation of abdominal section. Although the operation was one of, perhaps, a dangerous character, and one very generally condemned by the profession, yet, in case reduction could be accomplished there would be some chance of recovery; if it could not be accomplished death would take place, which would only be the same result as that which would follow were the case left to nature;—death was very certain unless reduction could be effected by means of art. Having failed, then, in accomplishing anything desirable by a reasonable use and repetition of insufflations and injections, I deemed it expedient, and a duty to give the child the only chance that I could see for his life, meager though it might be, and operate as early as possible by abdominal section. Before venturing such a procedure I desired advice in the matter, and another physician was called. He arrived at about 11 o'clock, P M. On examination of the case he agreed with me in diagnosis. He advised another trial of distention of the colon, and it was used several times without success, the child being partially under the influence of chloroform. I then represented to him my opinion of the means that should be resorted to and urged the propriety of an immediate operation, as all other measures had failed, and in my judgment would continue to fail. And as to hoping for recovery at his age by sloughing of the incarcerated intestine, r otherwise, I considered it most vain. But he did not agree with me. He regarded the operation as a hazardous and fatal procedure, and emphatically discouraged it. If distention did not succeed in reduction, he thought the best chance for the patient's life was to leave the case to nature. I finally yielded to the discouragement, and to the sentiment so universally prevalent in the

profession, that "abdominal section for invagination is a *foolhardy* operation." Distention of the colon was occasionally repeated to the fullest extent, the patient being under the influence of chloroform each time. The anodyne mixture was also continued.

On Tuesday the 17th, the abdomen was slightly tympanitic, but not tender on pressure except over the tumor. He vomited almost everything taken. He was restless and showed occasional symptoms of distress, but no severe pain. Strength was failing quite rapidly. I continued the use of anodynes, and also tried inflation several times without effect.

18th. Same symptoms continue, though in a more pronounced form. The tympanitis was quite considerable, the convolutions of the small intestines showing through the walls of the abdomen. His strength continued to fail. There was great restlessness, but not any severe pain. Vomiting became stercoraceous about 10 A. M., and there was every indication by the feebleness of the patient, the condition of the circulation, etc., that death was approaching with rapid pace. I was certain that the child must die as he was, and that even at the lateness of the hour of the disease, if reduction could possibly be accomplished by an operation, recovery might take place; at least, this was the *only* hope, and having the consent of the friends I would avail myself of it without further delay. I had some hope of accomplishing reduction, for the reason that, to my mind, the symptoms had been those of simple obstruction without severe constriction or strangulation, or indications of inflammation and adhesions. Dr. F. C. Beals, of Conewango, N. Y., was called to assist me in the operation.

The patient being well under the influence of chloroform, I proceeded with the operation at 7 P. M.,—four and one-half days after the first manifestation of symptoms. To facilitate an exploration to determine the correctness of our diagnosis, I operated directly over the tumor, making an incision parallel with the right rectus muscle, and about midway between its outer border, and the anterior superior spinous process of the right ilium, and of sufficient length to admit a finger. On passing my index finger into the cavity of the abdomen I at once came upon the tumor, a

careful examination of which proved the correctness of the diagnosis of invagination. Removing my finger, I enlarged the opening to three or four inches in extent, the inferior extremity being a little lower than the anterior superior spinous process. Through this opening I readily brought outside the intestines in which the invagination was situated. As I had previously feared, it was wholly within the small intestines, the lower part of the ilium being the portion involved. The tumor measured about seven inches in length and one and a half inches transversely. The distance from the ileo-cæcal junction to the "mouth" of the invagination was nearly twelve inches. The mesentery was tightly drawn in with the entering portion of the bowel, and both were firmly impacted within their sheath. The mouth of the tumor was much constricted, the enclosed bowel being reduced to a tendinous cord about the size of a goose-quill. The bowel and mesentery within the mouth for three or four inches in extent were swollen and hard, while the remaining three or four inches were soft and loose (movable) within the sheath and did not appear much if any swollen. The outside or ensheathing portion of the intussusception was swelled, deeply congested, and ecchymotic, and the peritoneum and tissues beneath seemed softened. The ileum for five or six inches above the point of invagination, and the mesentery adjoining and for some distance around it were also much congested. There were no adhesions outside of the invagination, and from the fact that the portion within was movable for half of its extent, and that, with care, I could pass my finger for some distance into the mouth, and entirely around the entering bowel, I inferred that there were none within. But considering the degree of incarceration, induration and infiltration of the bowel and mesentery within, as well as of the bowel without, together with the severe constriction of the hardened and swelled mouth, and the softened condition of the tissues around, the prospect of reduction looked dark, indeed. The attempt, however, was made by Dr. Beals grasping the ileum above the invagination, and gently making traction upon it while I manipulated the tumor from below by carefully squeezing and compressing the enclosed portion upwards and drawing the sheath downwards, thus endeav-

oring to turn the mouth outwards, and "back out" the bowel and mesentery from within. We continued and varied our manipulations for some time, and with as much force as we dare use, without any success. The softened peritoneum over the tumor tore during these maneuvers. While making another attempt with more force, though not great, a rent about a quarter of an inch in length took place in the softened bowel just above the tendinous, constricted portion, with some extravasation of the contents of the intestines. We continued our efforts a while after this, but availing nothing finally desisted. We did not deem an artificial anus or excision of the invagination of any use, and, therefore, after ligating the torn bowel, and returning the intestines into the cavity of the abdomen with some difficulty, we closed the wound with sutures and adhesive plaster, and gave up the case to die. A little less than an hour was used from the beginning to the close of the operation, including the giving of the chloroform. As the patient rallied to consciousness he manifested severe pain, which was somewhat releived by a hypodermic injection of Sulphate of Morphia. At about 11 P. M., having, for an hour or two previous, shown signs of much distress and dyspnœa between intervals of sleep, he was seized with a convulsion. Although it was not severe or long, he relaxed in death. Thus ended the suffering of our little patient.

No Post-Mortem examination was made.

Remarks—This case illustrates that there may be severe constriction, much swelling, firm impaction and great strangulation without the symptoms being correspondingly exaggerated, there having been but little tenderness, and the pain after the first three or four hours having been so slight as to be controlled by minute doses of morphia, and the vomiting not having been at all urgent till the third or fourth day. The obstruction was complete, as might have been expected, had the invagination been known to be in the small intestine; there was no tenesmus. It is true, therefore, that the condition of the invagination cannot be determined by the symptoms.

This case, also, illustrates that a simple injection may determine a doubtful diagnosis by bringing away blood and bloody mucus,

which indicates so characteristically intussusception. Further, there may be great congestion, swelling, infiltration and even softening without adhesions taking place at the expiration of four and one-half days. Reduction may also be impossible by simple manipulation, though the length of the invagination be not great, and there be no adhesions.

The question naturally arises, could reduction have been accomplished at the time when the diagnosis was first made,—forty-eight hours after the attack? The infiltration, swelling and softening must have been less, and consequently there was less firm impaction; the tissues must have been stronger, and consequently more force could have been used; thus the chances of reduction must have been greater, and I believe it might have been accomplished.

Again, could any other means have been used to effect reduction?

There is one other measure that would commend itself to my judgment, and which I should use were the case to be repeated. Having failed in reasonable manipulation, and stopping short of producing any abrasions or rents of tissues, I would relieve all constriction by making an incision through the sheath of the invagination, beginning at its mouth and extending longitudinally sufficiently far to admit of the indrawn mesentery and bowel being extricated and returned to their natural relationship, the wound in the intestine being afterwards closed by sutures. Excision of the invaginated bowel has been resorted to (see cases No. 22 and 24 in appended table) and the ends of the divided healthy intestine stitched together, or to the edges of the abdominal wound. If there were no mesentery this would seem a feasible operation, as a last resort. But there must be great danger of hemorrhage from wounding, as would be necessary, such a vascular structure, to say nothing of other sequelæ that might attend it. And though the procedure might not be wholly unjustifiable in certain cases, yet I do not feel that there is much to commend it. The establishment of an artificial anus is another operation that might be doubtfully considered, but without any facts to encourage its use. Supplemented, therefore, to simple laparotomy,

and after unsuccessful manipulation, I consider cutting through the sheath from its mouth, the most hopeful procedure when there is no gangrene or destruction of tissues, and would resort to it were the conditions of the above case to be repeated.

In conclusion, I wish to express my opinion founded upon a careful study of the subject that, as a rule, in acute cases of intussusception, when other remedial measures have failed, after a thorough and reasonable trial, laparotomy ought to be performed at the earliest possible moment. An early diagnosis is an important element in a successful result, as well as an early operation. In chronic cases an operation resorted to as soon as other means are of no avail will give the patient the best chance for life. Indeed, in all cases, where all other resources reasonably tried have been unsuccessful, and especially where there is obstruction, I believe an *early* use of the operation will greatly enlarge the present percentage of recoveries. And even when there is not complete obstruction, it is so liable to take place at any time, and adhesions are so apt to occur, that, when a diagnosis is positive, and reduction by other means is impossible, I deem laparotomy a justifiable and proper procedure. In resorting to it, however, I would use careful discrimination, and except those cases in which sloughing, or other serious organic changes were taking place in the involved structures.

The most general survey of statistics* substantiates my opinion, and holds out great encouragement for the use of the operation. According to Leichtenstern, the mortality of all cases taken together is 73 per cent. Of infants, his statistics show a mortality of 86 per cent. whether subjected to treatment or not. Dr. J. Lewis Smith's analysis of 50 cases gives a mortality of 86 per cent.

Dr. Ashurst, Jr., in a private letter to me, states that he has collected 27 cases in which laparotomy has been performed. Of these 9 recovered, 17 died, and in one the result was not known. I have references for 26 cases, including Dr. Ashurst's cases of 1874, 8 additional cases referred to by Dr. Sands in 1877, *Carrier's case mentioned by Hutchinson* in 1874, Dr. Ancrum's case reported in

*For a more minute analysis of statistics, see Dr. H. B. Sands' paper in New York Medical Journal, June 1877.

October 1774, Dr. Howard Marsh's case published in Vol. XII of St. Bartholomew's Hospital Reports, and my own case hereby reported. Of these 26 cases the result was known in 24, of which 8 recovered and 16 died, thus giving a mortality of 66⅔ per cent.—the same as that of Dr. Ashurst's cases with my case included.

This general analysis of statistics indicates an apparent gain in recoveries of 6 to 20 per cent. Indeed, comparing the non-operative with the operative treatment, the latter saves more lives by from 6 to 20 per cent. than the former. Looked at, however, properly, the operative measures save a certain number that must die with other treatment, and therefore the *real gain is in all those saved by* laparotomy. Is it "fool-hardy," then, to operate? Indeed, such a sentiment is unfounded! And when the time comes when it is used in all reasonable cases, after other means have failed, and where an early diagnosis has been made, statistics will show a greatly increased percentage of recoveries over those of today. Contrary to the opinion of Dr. Ashurst expressed in 1874, I believe, also, that there is much encouragement for operating on infants, from the fact that without an operation 86 per cent. die, while with it, 82 per cent. of those subjected to it die, making the latter the safest treatment by at least 4 per cent. According to Dr. J. Lewis Smith and others, all cases in infants, that cannot be remedied (reduced) by non-operative measures, must die, if left to nature. All cases operated upon are considered irremedial by all other treatment. Therefore, all those that recover by laparotomy are so much clear gain of life; and the percentage of recoveries from intussusception is to that extent increased. Without laparotomy, then, only 14 per cent. recover, while with it, by saving 18 per cent. of the remaining 86 that must otherwise have died, there is the pleasing proportion of 30 per cent. who recover.

A fair comparison of statistics, therefore, leads to the necessary conclusion that laparotomy is a potent means of saving life in intussusception, and should not be delayed after other remedies prove unavailing; and especially should it be used in *infants* for after other measures fail, this is *their only chance* for life. Mr. Howard Marsh* well expresses my opinion when he says:—"If the

* St. Bartholomew's Hosp. Rep. Vol. XII.

diagnosis is complete, if strangulation is recent, say of not more than eighteen hour's duration, or if, in chronic cases, there is room for good hope that inflammation is not present; if other means of reduction have failed, and if there is no other circumstance in the case that makes failure a foregone conclusion, or leaves little less hope of success, the operation should be performed, after the common rule in hernia, at once. Till this becomes the accepted practice in these cases, it will never be known how many lives among them may be saved by abdominal section." And with Dr. Ancrum I would add:—"Where, and whenever death, without interference, seems inevitable, not only is the surgeon justifiable, but he is emphatically culpable if he shrinks from the responsibility of any operation which offers to a fellow being the remotest chance of life."

The following table shows the statistics of the subject so far as I can reach them :

TABLE OF CASES.

No.	Operator.	Sex.	Age.	Symptoms.	Duration before operation.	Location.	Condition of Parts at Operation.	Reduction.	Result.	Reference to Case.
1	Mil Surgeon,	Female,	.....	Those of "Ileus."	.....	.....	.....	App'ly easy	Recovery.....	Bonetus Sepulch. t. ii. p. 228, 1700
2	Surg. by Nuck	"	50 years..	"Worn out with the symptoms of this most cruel disease," (intussusception.)	.....	.....	.....	" "	"	Haller, Dusputat, Anat. Sel., 1751
3	Ohle	Male,	50 years..	Protrusion of intestine beyond anus, pain, vomiting, tenesmus, hemor. from bowels.	11 days....	L. intestine	Adhesions.	Difficult....	Death in 12 hours..	J. N. Rust's Magazine, 1817.
4	Fuchsius,.....	"	28 years..	Tumor near umbilicus, pain, vomiting, constipation,	10 days. ...	.....	No Adhesions.....	Easy...	Recovery.....	Hufeland and Osann's Jour. 1825.
5	Wilson,..	"	20 years..	Stertoraceous vomiting, intestinal obstruction,	17 days.....	Ileum	Quite firm Adhesions	Difficult....	"	Transylvania Jour. of Med. 1835.
6	Gerson,.....	"	12 weeks.	Tumor in left inguinal region and rectum, intestinal obstruction and hemorrhage	.....	L. intestine	Firm Adhesions and Gangrene..	Impossible.	Death in few hours.	Fricke and Oppenheim, 1840.
7	Hauf,....	"	36 years..	Tumor in abdomen and outside anus, pain, intestinal obstruction and hemorrhage,	4 or 5 days .	"	Peritonitis & Adhes'ns	"	Death in 9 days....	Heidelberg Med. Annal. 1843.
8	Pirogoff,.. ...	"	16 years..	Symptoms of obstruction,	Consid'able	.....	Bowel Gangrenous...	Not attemp.	Death shortly.....	St. Petersburg, 1852.
9	Wells,.....	.....	4 months.	Tumor felt in rectum, symptoms of intussusception,	4 days.....	L. intestine	No Adhesions, child almost Moribund...	Effec'd with difficulty....	Death in 5 hours....	Trans. Path. Soc. of London, 1863.
10	Laroyenne,...	.....	.....	.....	.....	.....	Adhesions	Impossible.	Death —— —— ...	Servier De l' Occlus. Intestinale, '70
11	A Johnstone,	.....	Child	...	.....	... .	.....	.....	Death —— ——	Lancet, (London,) Feb. 11, 1873.
12	Weinlechner,.	Female,	6 months.	Tumor in left hypogastrium, pain, vomiting, passage of blood and bloody mucus,	3 days.....	L. intestine	....	Very diffic't	Death in 6 hours....	Schmidt's Jahrbucher, 1872.
13	Hutchinson,..	.....	2 years...	Symptoms of obstruction, protrusion of bowel from anus	1 month....	"	No Adhesions,.....	Easy.....	Recovery	Med. Chir. Trans. Vol. lvii 1874.
14	Carrier,.....	.....	.....	.....	.....	.....	.....	.....	.....	Hutchinson, in Med. Chir. Transactions. Vol. lvii. 1874.
15	Duncan,.....	.....	5 months.	.....	.....	.....	.....	.....	Death in 2 days....	Edinburg Med. Jour., June, 1874.
16	Ancrum,.....	.....	11 weeks.	Watery evacuations, intestinal hemorrhage, pain and tympanitis,	4 days.....	L. intestine	Congestion, swelling, Oedema & Adhes'ns	Difficult....	Death in 2 hours...	Charleston, (S. C.) Med. Journal, Oct. 1874.
17	Marsh,.	Male,	7 months.	Bowel protruded from anus, acute symptoms 12 hours before operation,	14 days....	"	No Adhesions ment'd	Easy.....	Recovery	Med. Chir. Transactions, 1876.
18	Howse, ...	Female,	33 years..	Abdominal tumor, pain and vomiting,	18 days.....	"	No Adhesions.....	"	"	" " " "
19	Hutchinson,..	.....	6 months.	Tumor in abdomen and rectum, pain, vomiting, tenesmus, disch. of bloody mucus....	4 days.....	"	No Adhesions.....	Difficult. ...	Death in 8 hours...	" " " "
20	Bell	Male,	16 months	Tumor in abdomen and rectum, pain, vomiting, tenesmus, disch. of bloody mucus,...	5 days.....	"	Congested and irreducible.....	Impossible, made artificial Anus...	Death in 7 hours...	London Lancet, Jan. 1st, "
21	.....	.....	9 months.	Bowel protruded from anus, retching, discharge of bloody mucus	7 days.....	"	....	Easy...	Death in few hours.	British Med. Jour. Sept. 16, 1876.
22	Howse.	.....	5 months.	Bowel protruded from anus, discharge of bloody mucus, ...	1 month....	"	Softened.....	Impos., excised 4 inch. of bowel...	Death in few hours	Med. Chir. Transactions, 1876.
23	Marsh, ...	.....	9 months.	Weakness of patient, bowel protruded from anus,	1 month....	"	No Adhesions.....	Easy.....	Death in 10 hours...	St. Bartholomew's Hosp. Rep., Vol. xii, 1876.
24	Morris,.....	Male,	12 years.	Tumor in rectum, pain, vomiting, constipation, passage of blood,	7 days.....	"	Sloughing	Not att'pt'd 17 in bowel rem'v'd, &c.	Not known.....	London Lancet, Jan. 20, 1877.
25	Sands, ...	Female,	8 months.	Tumor in abdomen and rectum, vomiting, pain, tenesmus discharge of bloody mucus,	18 hours....	"	No Adhesions.....	Easy...	Recovery	N. Y. Med. Journal, June, 1877.
26	Hub ell, ...	Male,	3½ years.	Tumor in right iliac region, pain, vomiting, constipation, discharge of bloody mucus,	4½ days....	Ileum	Induration. Swelling, Softening.....	Impossible..	Death in 2 hours...	Herewith Reported.

ART. II.—*Clinical Lecture upon Plaster of Paris Jacket* in Buffalo General Hospital. By J. F. MINER, M. D.

GENTLEMEN:—Those of you who have not seen the so-called Plaster Paris Jacket will be interested to see it applied. Dr. W. W. Miner and Mr. Stockton my colleagues in the Hospital are experts in the application, and I will stand back and invite your attention to them.

This method of treating spinal curve has recently been revived and has taken the surgical world by storm. It has been written, spoken and sung, until nearly all have got, or have tried to get a benefit out of it. The profession have applied it as something new. Some members of it go so far as to announce it as a specialty and "don't do any thing else," I learn that even some of the clergy in our own city have announced its results as miraculous, and hardly to be believed. It has grown in favor so rapidly that considerate men begin to expect its decadence and final demise, to sleep another three hundred years coming up again hereafter to astonish the world as something new. You observe how it is made and how it is applied. This case is well adapted to its application and I hope this jacket has some advantages over all other forms of dressing the spine, in posterior or angular curve. As the patient is suspended by the neck and shoulders you can see how the spine is forced into line by the weight of the body below the curve. Posterior or angular curve is almost always caused by caries or softening of the vertebral bodies, and you will see how straightening it will throw the weight of the body above the curve upon the transverse processes of the vertebral bones, which are not carious or softened and are better calculated to sustain this weight, relieving the softened bone tissue now unable to sustain itself under pressure. The philosophy of it is apparent to you all, and it has some advantages which are worth consideration. It is cheaper, more readily applied, available to all surgeons wherever located and so far as tested, seems quite efficient in the treatment of posterior spinal curve.

Prof. Sayer, of New York, has distinguished himself as the champion of Plaster of Paris Jackets, and quite a number of younger and much less experienced surgeons have copied his example and

somewhat like him cried out lustily *Eureka!* There are however several points remaining unsettled, before we really know "we have found it." Dr. Sayer has called attention to it with most unexampled energy and ability, and is justly entitled to the thanks of the profession and public. He has accomplished great good by calling attention to the true principles which govern in these cases, formerly neglected, now, everywhere better understood and better treated.

You will ask, "will it cure angular curve of the spine?" No, it will not in many instances *cure* spinal curve, but it will generally relieve and benefit, some cases almost entirely cure. I have heretofore called your attention to the pathological conditions of this disease, by which you will see that perfect restoration is often times wholly impossible, and to claim it, absurd. Will this jacket effect as good or better results than other surgical appliances? Plaster of paris is not wholly unobjectionable as a dressing, but until we find something better we must use it. Starch or Dextrine bandage similarly applied has some advantages over plaster, is cleaner and more comfortable and may be made to answer nearly the same purpose. The indication is now well understood, relief from *pressure* and *support.* The *best* means for accomplishing it is being discovered and demonstrated, possibly *is* discovered and fully demonstrated.

———:o:———

Correspondence.

1211 F St., N. W.,
WASHINGTON, D. C., Jan. 10th, 1878.

PROF. FRANK H. HAMILTON, M. D.

DEAR SIR:—On reading your lecture on "Fracture of the shaft of the femur in children" in the "Medical Record" for Jan. 5, 1878, I was reminded of a case of nearly transverse fracture of the upper third of the thigh which occurred a short time ago in a child five years old and which I treated substantially as you describe, making reference to your "Treatise on Surgery."

It occurred far out of the way of assistance, I had no anæsthetic at hand, the piercing cries of the child were exceedingly distressing and I had great difficulty in adjusting the fracture and applying temporary apparatus. I went home, made the entire outfit myself —the long splints from light pine strips and the short splints from bark splints cut down to the proper size. I applied the dressing satisfactorily, with a three pound bag of sand as extension power. I examined the parts daily and saw that all the apparatus was kept in position. The child laid perfectly quiet and comfortably and scarcely whimpered during the time of treatment. In five weeks I took off the splints and bandages, examined and measured the limb in comparison with the other and I could discover no difference. The limb was perfectly straight and if there was any shortening it was not apparent to the eye or touch. I set him on his feet in six weeks, and after using a single crutch for two weeks more I discharged him and let him go on his own responsibility, and I am sure no one could tell, except from a slight elevation of bone substance around the fracture from hardened callous, that he ever had a fracture.

Yours Truly, S. J. RADCLIFFE, M. D.

NEW YORK, 43 W. 32.
Jan. 14, 1878.

Editor Buffalo Medical and Surgical Journal:

MY DEAR DOCTOR:—The plan of treating fractures of the thigh in children described in the lecture referred to by Dr. Radcliffe, is so simple and efficient, and has, under my observation, saved the little patients from so much suffering, that I feel it my duty to send you this note, with permission to publish it if you see fit. I am sure Dr. Radcliffe would not object to its publication.

With sentiments of esteem, I remain yours truly,

FRANK H. HAMILTON.

———:o:———

The first number of the *Michigan Medical News*, a Semi-Monthly Journal, is before us. From the number and character of the men who appear as editors we are led to expect a success, and herewith present our congratulations.

MESSRS EDITORS:*—Permit me space in your valuable JOURNAL for a few words of explanation. If there is any one thing, about which I have been, through life, over cautious it is in allowing my name to be used in commendation of any quack remedy or of any syrup combination or mineral water or of any place as a sanitarium, etc., etc. So much do all good remedies depend, for their usefulness, upon their adaptation to overcome the symptoms present in the individual case, and so liable is every recommendation to be perverted or misconstrued, that my rule is invariably to refuse the use of my name. Forty years ago I refused to subscribe to a paper recommending Bristol's Sarsaparilla, which certificate had already received the signatures of all my fellow practitioners, and gave great offense to the parties interested in its sale, and this course has been ever since adhered to.

Notwithstanding all my caution I am caught at last. Some one has kindly sent me a "poster" in which I am with Prof's. Thomas, Byford, Brickell, and others given as authority for the usefulness of a remedy called the "Boudoir." This wonderful remedy is made and advertised for sale by Dr. Cronyn, of Dunkirk, N. Y. This gentleman who is a graduate of the Buffalo Medical College, and was in good standing, so far as I know, as a practitioner, addressed me a note some time last year, enclosing a recipe for a preparation containing some form of Iron and Bark with perhaps other ingredients, asking my opinion of its utility as a tonic in treating, as I understood, some case of anæmia, which he had then under his care. Without a suspicion that I was being entrapped by an old student into recommending a panacea I unhesitatingly answered that it was a good combination or something to that end; perhaps I said it was "admirable." It is not unlikely that Prof's. Thomas, Byford and the other gentlemen whose names are attached to the recommendations of the "Boudoir" have been similarly caught. It is certainly a very ingenious method of proceeding, whatever one may think of its fairness. With all my caution I have been very shrewedly "victimized." Truly Yours, JAMES P. WHITE.

674 Main St., Buffalo.

*This timely explanation is received in season to answer *our* inquiries for the medicinal properties of "Boudoir."—*Ed.*

MISCELLANEOUS.

Treatment of Hœmoptysis from Lung Cavities.

Dr. R. DOUGLAS POWELL, Physician to Brompton Hospital for consumption, makes the following remarks on the treatment of hemorrhage from phthisical cavities. (*Lancet*, Dec. 1, 1877).

The treatment is such as would be dictated by com mon sense. The most absolute rest in bed is imperative. Beware of the brandy-bottle. The first thing the friends of the patient naturally do when they find him faint from hemorrhage is to give him brandy. But this moment of faintness is just the period at which there is the opportunity for the hemorrhage to become staunched by the formation of a coagulum, and so long as the pulse does not absolutely fail, we should withhold stimulants, and avoid them throughout the treatment of the case. We can scarcely expect drugs to do much in such cases as these. Ergot in full doses and turpentine have been found most useful at this hospital. The momentary application of an ice-bag to the chest or between the shoulders appears sometimes to be useful. When the shock is great, opium will best relieve it. After a day or two, if the exhaustion and anæmia be great, an astringent form of iron is often of great value, as the iron alum or the pernitrate of iron, but the effect of these remedies must be closely watched. In cases in which there is a tendency to recurrence of the hæmoptysis, such patients usually making blood fast, the diet should be carefully restricted, principally to fish and farinaceous food without stimulants.

———:o:———

The Poison of Typhoid Fever Conveyed by Water.

Local epidemics of typhoid caused by the evacuation of a patient gaining access to drinking water are well worthy of being placed on record. A recent number of the *Berliner Klinsche Wochenschrift* contains an account of five cases in which infected water was the undoubted medium of communication. A miller, living on the bank of a small stream, was attacked by typhoid. His excreta were thrown daily into a small pond, which was connected with the stream by a ditch. The man recovered, but, seven weeks after his attack, his brother, who alone had nursed him, fell ill with serious symptoms of typhoid. The discharges from the bowels were very profuse, and were, as before, thrown into the pond. A few days afterwards four workmen, who were employed

at a forge about a mile distant, were also attacked by typhoid, and the medical attendant, anxious to discover the source of the mischief, found that all these men obtained their drinking water from the stream in question, there being no well available. Another case also occurred, the patient being a farm labourer who worked in a meadow near the forge, and who also drank the water from the stream. No case of typhoid had been known to occur in the neighborhood for a very long time previously, and all circumstances were in favour of the supposition that the disease had been transmitted through the medium of the water. There was no evidence as to the source of infection in the case of the first patient. The period of incubation was extraordinarily long, particularly in the case of the brother. The history of this small epidemic tends to support Dr. W. Budd's view, that a specific agent must be present for the production of typhoid fever. Probably the water of the brook in question often contained more or less ordinary fecal matter. The lesson to be drawn is that the excreta of typhoid patients should be completely disinfected, and, where possible, as in country places, should be deeply buried in spots far removed from any source of water supply.*—*Med. Examiner*, Nov. 29, 1877.

———:o:———

Early Rupture of the Membranes in Midwifery.

In your issue of December 22d, at page 497, reference is made to an analysis given by an English surgeon, Mr. Plaister, of 800 consecutive midwifery cases. In it he warmly urges the early rupture of the membranes, and says: "I have never found any ill-effects from rupturing the membranes when the os is the size of a shilling, but find that the child's head forms a better wedge than the bag of liquor amnii. I cannot recall any instance where there has been any retarding of labor through this procedure."

Now, although this advice has the great weight of your own sanction, I cannot allow it to pass unchallenged. While granting, with you, that there is no surer way of shortening the first stage of labor than by breaking the bag of waters, I hold that the practice is a mischievous one—one threatening the future health and happiness of the woman—and that, therefore, it should never be adopted save for urgent reasons.

Perhaps, next to abortion, the most common cause of prolonged lochial discharges, of a bad getting up, of pelvic and uterine disorders, of stubborn sub-involution, is the laceration of the cervix. Now, for obvious reasons, nothing is more likely to produce this lesion than the early escape of the waters, especially in a primipara.

* Prof. Austin Flint first demonstrated that Typhoid Fever was transmitted through the medium of water and published the observation in Buffalo Medical Journal.

Hence it is that many a life-long invalidism dates from the first labor.

Having myself made the mistake of prematurely breaking the membranes, and having to deplore the consequences, I am the better enabled to warn others, and to denounce this practice as meddlesome midwifery. True it is, that some few women do not experience any bad effects from a laceration of the cervix, but the vast majority do. From the attrition and irritation of the now unshielded delicate lining membrane of the cervical canal, the womb becomes hypertrophied, and the pouting mucous membrane looks so raw and angry that it is constantly being mistaken for "ulceration," or for cancer, and is accordingly mistreated. So common, indeed, is this accident of child-birth, for accident it certainly is, since nature never intended it, that, out of every five women who apply to the Dispensary for the Diseases of Women at the Hospital of the University of Pennsylvania, I find one who is suffering from its effect. Repeatedly have I operated for it, in one week three times, one of the cases being, to my shame, a woman whom I myself had previously delivered.

In view of these facts, can I begin the new year better than by urging on the readers of your valued journal the adoption of the general rule, of not breaking the bag of waters in primiparæ until the os uteri has *fully* dilated, and in multiparæ until fair dilatation has taken place, a dilatation certainly greater than "the size of a shilling?" Very faithfully yours,

WILLIAM GOODELL, M. D.

Medical and Surgical Journal.

———:o:———

Therapeutic Action of Balsam of Peru.

Dr. E. WISS, at a late meeting of the Medical Society of Berlin, called attention to the long-known, but lately somewhat neglected, value of the balsam of Peru in wounds, and in some other affections. He states that in all cases of cuts and lacerations, if the balsam be applied to the part injured, a momentary smart is felt, which is immediately followed by relief of the pain previously experienced, and the wound will be found to heal up with great rapidity, without suppuration, or indeed any signs of inflammation. The power of the balsam to prevent suppuration led him to employ it in chronic catarrh, as had been long ago recommended by various authors, and he mentions several cases in which the administration of it in the form of an emulsion with the yelk of egg, in the proportion of four parts of balsam to 120 of yelk, a teaspoonful being given every second hour, proved of the greatest service.—*Lancet*, Oct. 26, 1877.

Is the Human Eye changing its Form, and becoming Near sighted, under the Influence of Modern Education?

Dr. E. G. LORING recently read an interesting paper on this subject before the New York County Medical Society (*New York Med. Journ.*, Dec. 1877). He said that hereditary influence was an important element in the production of myopia, and, although statistics did not strongly indorse that view, he still held that legendary information should receive much credence. In regard to the influence of modern education, it was found that a larger proportion of those living in cities were near-sighted than those in country districts; and, moreover, in those cities where intellectual pursuits were greatest, the largest number of myopes were found. In savage nations near-sightedness was very infrequent, and it would seem, in some respects, that it was a result of education. While the intellectual classes in Germany showed a large proportion of myopia, it was not so found in those artisans who used their eyes on fine objects, as watch-makers and wood-engravers. In England, where there has always been great intellectual activity, by no means as large a ratio of near-sightedness had been detected as in Germany, and it became necessary to seek for other factors to explain the prevalence of myopia. Impaired nourishment, imperfect ventilation, together with a sedentary life, had a marked tendency in producing laxity of the tissues in general, including of necessity the coats of the eyeball; and, with the tension which resulted from close application of the sight, there was a great probability of lengthening of the eye, or myopia, resulting. In New York the German children were found more often near-sighted than those of other nationalities. Dr. Loring said that undoubtedly myopia was hereditary, but that in all probability it could under no circumstances be developed; but he did not believe that of necessity it must increase in a nation engaged in literary pursuits. In the United States the normal eye predominated, and he thought it was due to the fact that the young were more in the habit of indulging in out-door sports than in Germany. The same was true of England. From a careful analysis of the myopic cases, it was found that between the ages of ten and fifteen the majority developed; or, in other words, at that time the tissues of the globe were more readily affected by strain of the muscles of the eye. It could be easily understood, under such an hypothesis, why the industrial classes were so little liable to near-sightedness, for they seldom reached the practice of the more intricate branches of their trade before their eighteenth year. In conclusion, Dr. Loring was of the opinion that, under proper precautions, the normal eye could be continued indefinitely. If children were not allowed to apply themselves too closely to their studies between their eighth and sixteenth years, and were, moreover, allowed the proper amount of

out-door exercise, not much danger need be dreaded. It was important also to have the schools perfectly ventilated, and other hygienic conditions made as perfect as possible.—*Medical News and Library.*

———:o:———

THE ÆTIOLOGY OF DIPHTHERIA:

Dr. Thorne has observed and reported an extensive epidemic of diphtheria occurring at Great Coggeshall, in Essex. The outbreak commenced in November, 1875, and continued till the end of 1876. The disease was at first not recognized, the first seven deaths being registered as due to "croup." Dr. Thorne, however, satisfied himself that these early cases were diphtheria, showing amongst other things that the disease was from the start of an infectious character. No antecedent case could be heard of, and both Great Coggeshall and the surrounding district had been for some time remarkably free from those diseases liable to affect the throat, thus having more or less affinity with diphtheria. There were no diseases among the cows that might affect the milk supply, nor were there any known sanitary defects common to the houses first attacked. Dr. Thorne confidently expresses the opinion that the first case or cases had not been arrived at. Strong evidence is brought to show the infectious nature of the disease; in one series of cases the infection is traced through fifteen persons, starting from two children who were attending school. The whole place is remarkable for the dampness of its site. The effect of temperature and rainfall on the spread of the disease was very marked, and from the tables Dr. Thorne has prepared it is seen that the largest number of attacks occurred during the months of excessive rainfall and comparatively low temperature, whereas, with a rising thermometer and a diminished rainfall, the number of attacks became smaller. Owing to the bad sanitary arrangements throughout the entire place, observations on this point were unsatisfactory, but it was noticeable nevertheless, that a very large proportion of the cases occurred in overcrowded and ill-ventilated houses. In two instances second attacks occurred, and in each the second attack was far worse than the first. In one of them the last attack was fatal.—*The Practitioner*, November.

———:o:———

OZONE:

Let us also for a moment consider the ozone in the air, which may be looked upon as polarized or agitated oxygen. After its discovery, which has immortalized the name of Schonbein, was made known, it was thought for a time that the key had been found for the appearance and disappearance of various diseases, in the quantity of ozone in the air. But one fact, which was observed

from the first, shows that it cannot be so; for the presence of ozone can never be detected in our dwellings, not even in the cleanest and best ventilated. Now, as it is a fact that we spend the greater part of our lives in our houses, and are better than if we lived in open air, the hygienic value of ozone does not seem so very great. Added to this, the medical men of Konigsberg long had several ozone-stations there, during which time various diseases came and went, without, as appears from the reports of Dr. Schiefferdecker, ozone having the slightest connection with the appearance or disappear- of any of them.

Dr. Wolfhugel, assistant at the Hygienic Institute at Munich, has lately been occupied with the question of the sanitary value of ozone, but has arrived at only negative results.—*Scribner's Monthly*, for February.

———:o:———

Extirpation of the Kidney.

On Thursday, the 7th June, at the Leeds Infirmary, Mr. Jessop removed the left kidney from a child aged two years and three months. The first noteworthy symptoms were hæmaturia and irritation of the bladder, but several soundings for stone gave negative results. The child, however, lost flesh, and became more and more pallid. About two months ago a rapidly increasing tumour was discovered in the left renal region, and as the indications were those of malignant growth Mr. Jessop determined to cut down upon it, and, if possible to, remove it. The incision was similar to that recommended for colotomy, but longer. When the diseased mass was reached the kidney was peeled by means of the fingers, and a whip-cord ligature was passed around the vessels and ureter, and firmly tied. The remainder of the growth was afterwards stripped away, and the whipcord left to drain the wound. The operation was a formidable one owing to the large size of the diseased organ and the free venous hæmorrhage which followed the separation of the growth from the surrounding structures. When removed the kidney weighed sixteen ounces, and resembled encephaloid in appearance. The child was doing well on the 11th instant. There was no peritonitis, the bowels acted freely, and the urine flowed abundantly, and was not stained. There was no vomiting, the temperature was but little above normal, and the child partook freely of milk. Mr. Jessop has kindly promised to publish in due course a detailed account of the case. On going to press we learn that the symptoms in the case are all favorable.—*Lancet.*

———:o:———

An official report from the Indian Government informs us that the great cyclone on the Bengal coast cost 165,000 lives per million of those who inhabited the district over which it extended.—*Medical News.*

Children's Disorders among the Japanese.

In regard to the personal habits of the people, it is interesting to remark that they drink very little cold water. The water is drunk as hot tea—in other words, it is boiled. Of extreme importance, too, in regard to children's disorders, is the fact that, until they are two or three years old, they draw their nourishment from the maternal fount. *No child is fed artificially.*

On the other hand, it is interesting to note that the Japanese eat unripe fruit to an inordinate extent. The moment fruit shows the slightest signs of being soft as an evidence of ripeness, it is considered by them as unfit to eat. It is astonishing to see them eat hard, green peaches—clinching them in the fist, as a country boy does a hard apple, and biting off each mouthful with a loud snap. They eat their pears in the same way; cucumbers are eaten in a more unripe condition than with us even; and water-melons, which are so much inveighed against at home, are here eaten by all classes and at all times.

In fact, they seem to revel in those things which at home are considered so productive of summer-complaints; who does not recall the astonishment he has felt at the sight of country children of tender age eating green apples, green corn uncooked, and similar things, and yet suffering no ill-effects therefrom? These facts may not prove, perhaps, that unripe fruit is harmless; but, in connection with the other statements, they do show that the removal of sewage-matter from houses is the important point to consider, and that its removal insures an absence, or a less number, of cases of those diseases which enhance our death-rate at home, and lends an additional reason for the necessity of vigilance on the part of communities regarding these matters.—*Popular Science Monthly.*

———:o:———

Sclerotic Acid.

This is the last therapeutic novelty. It is said to be the active principle of ergot, and has been isolated by Dragendorff. As yet its price is high, say $20 per ounce; but the dose is small, gr. $\frac{1}{12}$–$\frac{1}{16}$, by hypodermic injection.—*Med. and Surg. Reporter.*

———:o:———

ADMINISTRATION OF SALICYLIC ACID.—Dr. GUENEAU DE MUSSY recommends the administration of salicylic acid by dissolving it in a syrup of gum by the aid of ten times its weight of brandy, and adding to it a little lemon juice.

NURSING IN COLUMBIA.

Dr. André Posada-Araryo sends to the president of the society for the protection of infancy in Paris, a letter from which we extract the following passages: "There is neither law nor society for the protection of infants in Columbia. The profession of wet-nurses does not exist here. Every woman, rich and poor is accustomed to suckle her child until the signs of a new pregnancy appear, which happens ordinarily at the ninth month, so that each child is eighteen months older than its successor. There are a great many women giving birth, every eleven months, to children who do well. Nursing does not interfere at all with procreation. Each marriage here (state of Antioqua, Columbia) produces 10, 12, or 15 children. There is one woman, who has had 34 children, and they are all living (she had several times twins). Her descendants as far as the great grand-sons comprise an immense number. I also know a man who has been married three times, and can count already 51 children. His wife is still young and he may be able yet to reach 60. The women here marry early—from 13 to 16 years of age. They commence to menstruate at the 13th or 14th year.

———:o:———

Dilatation of the Urethra by the Urine itself.

Towards the end of the last century Brunninghousen recommended this method of dilatation, which he claimed to be more easy and simple than that by bougies. To practice it the patient must simply compress lightly the urethra behind the glands with his fingers whenever he wishes to urinate. The pressure must be such that the urine can only escape slowly and after having remained some time in the canal; as a necessary result the canal will be more or less dilated through its entire length, in the constricted as well as in the healthy portion. If this be repeated every time the urine is voided, the same effects will gradually be produced as if bougies had been used, while at the same time the inconveniences of the latter are avoided. M. Bérenger-Férand has employed this method in his practice, and the following are the conclusions he has arrived at with regard to it:

1. Dilatation of the urethra by the urine, repeated at each urination for a long time after a prolonged attack of gonorrhœa, seems to prevent the formation of strictures.

2. In cases of moderate strictures it seems to have restored the normal calibre of the canal, or at least to have restored the calibre sufficiently to render micturition easy.

3. After the operation of urethrotomy it will perhaps prove useful to prevent, or at least to retard notably, the return of the constriction.

4. In cases of varicose dilatations at the neck of the bladder, or in the membranous portion of the urethra, it appears calculated to be serviceable.

5. It seems to prove useful also in the case of partial or total hypertrophy of the prostate in old men. In such patients the first drops of urine, which are emitted with so much difficulty and slowness, will serve effectually to fill the canal if the meatus be kept closed. When the ordinary calibre of the canal is once re-established in this way, the remaining contents of the bladder can be evacuated easily. The method has this great advantage, that it does away with the difficulty of emission after the first drops have escaped from the bladder; when it is not employed, the difficulty of emission persists during the entire act; the micturition, moreover, becomes intermittent and the bladder is incompletely emptied, as a result of which, frequent desire to urinate is soon experienced.—*Lyon Medical Record,* October 7, 1877.

———:o:———

Medical Certificates in the Daily Papers.

The Committee on Ethics of the Medical Society of the County of New York made its first report on Monday evening last. Although this was merely of a preliminary character, there is enough of it to show that the members of the committee appreciate the responsibilities resting upon them, and that they are determined to do their duty. A proper initiative was taken in rebuking the writing of medical certificates in the daily papers, and in suggesting the only reasonable and suitable remedy for the growing evil, which is to the effect that "the offending parties shall at once withdraw their signatures from these advertisements, and thus place themselves in honorable record with this Society and the profession." This is the only course open to these gentlemen, one which we suggested some time since, and one which should have been taken by them of their own accord long ago, and when the certificates first appeared. As the case now stands, what would have been a matter of choice and ordinary prudence may become one of compulsion, which proceeding will carry a conviction upon its face. But the report is referred by rule to the Comitia Minora, which will doubtless take action at once, unless such may be made unnecessary by the prompt withdrawal of the names in question.—*Medical Record.*

Code of Ethics.

By W. J. Chenoweth, M. D. Decatur, Ill.

The Code of Ethics is a standard of morals as binding on members of medical societies having representation in the American Medical Association, as is the creed of a religious society on its members. True, it does not claim to be inspired, but assent to its principles implies strict observance of its requirements, without the right of private interpretation. We cannot, therefore, join a society governed by the Code, and receive the benefits conferred by membership, and at the same time reap the advantages of an independent construction of its provisions to favor our inclinations or our interest. In case of differing in opinion with the majority, there are two modes of procedure, either of which is compatible with honor; one is to sever our connection with the society, the other to yield to the interpretation of its members and be governed by their views. We cannot afford to lose the benefits accruing from association by withdrawing; but as membership does not necessitate silence, we may seek to improve or annul any provisions which we deem obnoxious. The right of free speech is guaranteed to us in this, just as it is in every other society, and while we carry out in good faith the construction of the majority, we are not enjoined from expressing an individual opinion.

The design of its enactment being for the cultivation of the social qualities, and for the suppression of quackery, is hardly subject to criticism; but the degree of success which has attended it, and the intrinsic merits of its requirements, are ligitimate subjects of inquiry, demanding our serious consideration. Certain provisions requiring revision were noticed by J. Marion Simms in his inaugural address, May, 1876. Two others are sources of much difficulty—consulting with irregular practitioners and advertising. While the first is an expression of narrow policy and of short-sightedness in painful contrast to the liberal spirit of the age, we have not time in this report to notice it as we ought, and shall therefore pass it by and shall notice advertising alone. The Code, Art. 1st paragraph 3d, on "The duties of physicians to each other, and to the profession at large" says "it is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

We will enquire first as to the success attained in the suppression of the various kinds of advertising noticed, and secondly as to the merits of the prohibition, and will endeavor to do this in the order in which they occur in the article.

The first clause aims to prevent specialists from resorting to public advertisements, and the American Medical Association has decreed that they shall not advertise in medical journals, so that advertisement of a specialty in a medical journal is just as much an infringement as the same would be in a newspaper. How then do specialists advertise, if at all? A common mode is to establish a private hospital, place it under the care of a religious society, and advertise themselves as consulting physicians. This is done in nearly all of our large cities, and while there is a deal of seeming modesty in it, it is so effectual that he is blind who cannot see it. Another mode quite as effectual is by reprinting essays which have been contributed to medical journals, and sending them to physicians and druggists all over the country. A third mode

is to print the announcements of medical colleges, with the names and professorial chairs of the faculty in the prominent daily newspapers. But whatever the mode adopted there is no question of the fact that they do advertise, and so effectually as to be known outside of the profession almost as well as in the profession.

But the construction placed on the paragraph in reference to advertising, does not prohibit authors or publishers from scattering vaunting advertisements broadcast; nor does it forbid publishers or editors of medical journals from issuing prospectuses in which they claim that their issues are made up of original contributions from the ablest medical writers; that they will make "reports of rare and interesting cases;" that "the journal will rank with the best periodicals in the country;" nor does it prevent the professors in colleges from sending out advertisements claiming superior advantages for clinical instructions, abundance of material for dissection, and if a new professor is added or supersedes another, a careful epitome of his claims are duly chronicled. Why this kind of advertisement is allowed and a modest statement of preparation and ability as a practitioner forbidden, is beyond my comprehension. If advertising is honorable in a teacher it is difficult to convince an ordinary mind that it is dishonorable in the person taught—if honorable in a writer, dishonorable in a reader. The reason assigned in the paragraph of the Code under discussion is that it is derogatory to the dignity of the profession—an assumption that it is degrading to do as a doctor that which can be done with honor as a teacher, writer or lecturer. The only other reason assigned is that "it is the ordinary practice of empirics." Since we have shown that it is also the ordinary practice of the best known men in the profession, it is difficult to feel the force of the argument, and even though we should be mistaken, and physicians in high places do not advertise, the fact that empirics do, is not conclusive as to the propriety, since they eat, drink, sleep, wear clothing, laugh, talk, and do other things in common with the rest of mankind, and so far as any expression by the profession is known, it is not criminal in us to do likewise. Percival, who got up the Code, was an Englishman, and did not wish to be considered as belonging to the vulgar class who earn bread by the sweat of the brow, but rather to the aristocracy, and, as was natural, aped the manner and expressions of the class. He, and men like him, think it "derogatory to their dignity" to be seen at the public market with baskets on their arms, "or to perform any other similar acts," as "these are the ordinary practices" of the common people.

* * * * * * * * * * * * *

We will now ask attention to the several prohibitions in the order of their occurrence in the paragraph, and first in reference to specialists. There are but few men who are such universal geniuses as to be equally skilled in all branches of medicine. Every physician will have certain branches to which he pays more attention than to others, and in so far as he does, may be said to be a specialist, even though a general practitioner. Valentine Mott was known as a surgeon, and if the term specialist would apply to any one it would to him, and yet his income was greater from general practice than from surgery. Prof. Hodgen, of St. Louis is a general practitioner, and yet he is called as consulting and operating surgeon all over the West, and to this extent is recognised a specialist in surgery.

* * * * * * * * * * * * *

The second clause forbidding us to "publicly offer advice and medicine to the poor gratis" is probably in compliance with the scripture injunction not to let our right hands know what our left hands do, but while no class in the community do so many unchronicled acts of charity, it seems strange that they alone of all charitable men should be forbidden to make public announcements of their willingness to treat the poor gratis. There are two classes of men who ought to treat the poor gratis—those just beginning to practice and who will reap benefits for themselves while they confer blessings on the poor,

and those who, by inheritance or otherwise, do not need the fees so vital to most of their brethren, many of whom have large experience and ripe knowledge. It seems to me that to a rich physician the great pleasure of life would be to publish his willingness to treat the needy "without money and without price." Not even regular physicians declaim against Howard, whose life and money were given to paupers and criminals. The pleasantest recollection we have of Geo. McClellan is popularity and love earned by attention to the poor.

The enactment against promising radical cures is surperfluous, while it is constantly evaded by inference and implication, leaving abundant room for explanation in case of failure; policy prevents even quacks from openly resorting to it as a means of securing practice, since intelligent physicians are almost a unit in declaring that no man can foretell the result of any given case—and to legislate for ignorant knaves will result very much like the laws which were written in small characters and hung so high that they could not be read.

In reference to publishing cases in the daily prints: Since the demands of the press require the employment of so many reporters it is not possible for a physician doing any considerable practice to keep his name out of the newspapers, as instanced before. To any practitioner living in a small city of from ten to fifteen thousand inhabitants, self-defence demands that his cases be reported in the papers so that people outside the city may know that the quacks around the corner who publishes, with embellishments and improvements, all of his cases, is not the only person in the city who has cases to treat. The local reporters will get hold of the names of parties injured, and if in spite of the utmost efforts of the conscientious physician, who is willing to sacrifice reputation and money in obedience to the requirements of the Code, his name is, occasionally, noticed, as the attending surgeon, it is evidence "strong as proof of Holy writ" that he suffers such publication to be made; and every case reported without his name is as apt to be credited to the quack as to himself.

In reference to inviting laymen to be present at operations, nothing against it can be urged that will not, by a parity of reasoning exclude physicians from the manipulations of scientists and other skilled workers.

In regard to boasting of cures and remedies, the offense is one against manners, rather than morals and is equally applicable to gentlemen in every condition of life, and in every occupation. Boasting means simply an expression of the estimate placed by us on our ability or achievements, which proves to be greater than that awarded to us by our fellows, or than that merited by our acts. The very essence of quacking is claiming ability to do, without capacity to execute, while a just claim, however extravagant in appearance, does not detract from dignity or merit.

The clause condemning the use of certificates of skill and success having been constantly evaded by the reports of cases with the pledge, expressed or understood, of the author as to their correctness, cannot be enforced except literally, and if it should be, neither books nor journals could furnish us the knowledge we so much crave. This clause, like the last mentioned, is an offense against manners; but as contemplated as certificates are, an occasional offense of this kind might be permitted with good result as an appendage to a few medical or surgical reports.

In England the profession is crowded with one physician to one thousand people—in the United States the porportion is one to five hundred, and gradually increasing. Either physicians must be protected by law, or they must be permitted to fight their own battles; and since the law cannot take us under its sheltering wings, to the prejudice of other citizens, whether they are Homœpaths, Eclectics, Hydropaths or Thompsonians, I see no other plan than to do away with the restraints which bind us while our enemies steal our bread, but let the fight be even—then there will be a survival of the fittest.

* * * * * * * * * * * * * * * *

Diphtheria—Report of the State Board of Health of California.

In the last Report of the State Board of Health of California, an interesting epidemic of diphtheria is reported as having occurred during the month of April, 1876, in the Asylum for Orphans at Vallejo. During the period referred to, there were forty-three cases and ten deaths. The board state that "one of the business men of Vallejo was called to Santa Rosa, Sonoma County, to attend the funeral of some members of a family of relatives who had died from the scourge, diphtheria. On returning to Vallejo, he and some of his family were taken down with the disease, and were attended by members of a family residing near the Home for Orphans. The children of the last-mentioned family were attending the School of the Orphans' Home at the time they were taken sick. Two of the family died, and soon after some of the Home inmates were taken sick with the same disease." During the prevalence of the epidemic no sufficient precaution was taken to isolate the sick, nor was attention apparently given to the fact of the contagiousness of the disease. The board also gives some interesting facts with regard to the transmission of diphtheria from point to point. A child just recovering from diphtheria went to visit a family at Dixon, wearing the same clothes as used during its illuess. One of the children of this household was soon taken sick with the disease and died, there having been previously no diphtheria in the vicinity and no communication by the child with infected localities. Free intercourse with the sick was allowed, and the funeral of the deceased child was largely attended by other children, thereby causing an outbreak in the school near by, from which a large number of cases started. Not one person became ill who had not been exposed to direct contagion. The partial dependance of the disease upon general unsanitary conditions is noted. In San Francisco, it was most prevalent in those parts of the city where the sewerage is bad, where the soil is damp, where overcrowding, filth, and bad ventilation coexist with the other conditions usually prevailing in places occupied by the class of people who are least willing or unable to live in a manner favorable to health.—*Boston Med. and Surg. Jour.*

:o:

Intelligent and Efficient Quarantine.

The report of Dr. Vanderpoel, Health Officer of the Port of New York, to the Commissioners of Quarantine, contains some interesting and suggestive facts. It would appear, as far as these facts will allow us to draw any conclusions, that the problem has

been solved of securing effective quarantine at the same time that the interests of commercial circles have been amply considered and satisfactorily protected. Heretofore the existence of yellow fever in the port of New York would have been considered a public calamity, and would have called forth the most strenuous exertions on the part of our health authorities to make the quarantine complete and absolute.

Now, however, we are informed by the Health Officer that the arrival of vessels, having had cases of yellow fever on board, is an event much of the time of weekly occurrence. "During at least five months of the year little or no significance is given to the occurrence, and vessels are given an unrestrained pratique, as if no sickness had occurred." And again, "During the period when the transmission of yellow fever is to be feared, and when the examination of suspected vessels is made, 1,143 vessels were at the station in Lower Bay. Of this number 183 arrived from ports known to be infected; 44 vessels arrived from such ports, having sickness during their stay there, on passage or on arrival here; 140 cases of yellow fever occurred upon them when in an infected port, of whom 36 died; 14 on passage, of whom 12 died; 25 in quarantine, of whom 13 died. Of 7 of the 13 deaths 2 died before reaching hospital and 5 were moribund on arrival at hospital; there were 28 cases in hospital, 25 of which were yellow fever; excluding the 7 above mentioned would leave 18 cases, among whom were 5 deaths, it being about the ordinary percentage for the hospital. The remaining death was from Chagres fever." These are significant facts taken in connection with the statement that no vessels were detained in quarantine longer than for purposes of disinfection, and conclusively prove that sanitary measures and commerce need not be antagonistic, but that the former in this instance was a positive aid to the latter.

This system of quarantine, which was first organized by Dr. Vanderpoel, is for all practical purposes as near perfection as it can be, and after a successful trial of six years in the largest port of entry in the United States it presents itself with all the force of an established principle.—*Medical Record.*

———:o:———

Gratuitous Hint for Advertising Doctors.—Some ingenious person has hit upon a plan for providing food for the mind and body simultaneously. This is to be achieved by having advertisements printed upon refreshment-bar crockery. For this "The Continental Advertising Refreshment Plate Company" ask for £5,000 from the public, the total capital proposed being £10,000. The method projected is, we are told, "by neatly designed advertisements on the rims of refreshment plates, dishes, saucers, etc., which are to be made of porcelain, china, earthenware, or other

material, and to be distributed among the different hotels, restaurants, and cafés in the chief cities and towns of France and Belgium." This is to be "the cheapest mode of permanent advertising ever yet introduced," as so many plates will be seen by so many people per day, and "the average cost to advertisers will be about 1¾d. per plate for each advertisement." What next?—*American Bi-Weekly.*

———:o:———

LIQUEFACTION OF OXYGEN.—Students of chemistry will be interested by the following telegram from Professor Pictet, of Geneva, which was received this week by Professor Tyndall: "Oxygène liquifié samedi par acides sulfureux et carboniques combinès. Pression, 320 atmospherès. Temperature, 100 deg. Centigrade de froid." Hitherto, all attempts to liquefy oxygen have failed.—*Brit. Med. Jour.*

———:o:———

THE "LOUISVILLE MEDICAL NEWS."—Dr. W. H. Galt retires from the editorial staff of this journal; his position is occupied by Dr. Lunsford P. Yandell, Jr.—*American Bi-Weekly.*

———:o:———

THE "DETROIT MEDICAL AND SURGICAL JOURNAL" has been discontinued. There will be issued in its stead the "Detroit Lancet"—Editors, Drs. H. A. Cleland and Leartus Connor.

———:o:———

EDITORIAL.

New Dispensaries.

We have opportunity to announce the incorporation of a much needed charity (?) "The Children's Medical and Surgical Relief Association." The *advertisement* in the daily papers is as follows:

"A NEW CHARITABLE SOCIETY.

"A new charitable society has been incorporated in this city, to be known as 'The Children's Medical and Surgical Relief Association.' Its aims and objects are explained in the title, its special work being to provide medical and surgical assistance for poor children whose parents are unable to thus properly care for them.

"The following gentlemen have been elected officers of the Association: President, O. H. Marshall; Vice-President, J. P. Dudley; Secretary and Treasurer, Isaac G. Jenkins; Consulting Physicians and Surgeons, James P. White,

M. D., Thos. F. Rochester, M. D.; Physician and Surgeon in charge, Joseph Fowler, M. D.

"Rooms have been established over No. 803 Main street, and they will be open for the reception of patients at three o'clock every day. It is earnestly desired that those who recommend patients will, as far as possible, furnish evidence of their destitute condition. The objects of the society appeal strongly to our charitably disposed citizens. Infantile diseases need careful and delicate treatment, and much suffering is often caused to the unfortunate little ones whose parents are too poor to hire a doctor or get them proper medicine. Furthermore, there are many acute cases of infantile ailment for which it is necessary to secure elsewhere the care and attention which can not be furnished in the homes of the poor. This society will, therefore, undoubtedly fill a want long felt, and may eventually result in the establishment of a children's hospital."

Dr. Chenoweth, in an address before the Illinois Central Medical Society, (extracts from which are in this Journal,) in speaking of the organization by physicians of the various so-called charities, and advertising through them, pays these institutions a most deserved compliment, in furnishing physicians an opportunity of doing exactly what the Code of Ethics forbids, viz.: advertising themselves through the daily papers. He says:

"To the Code we owe the peculiar quackery which belongs to the medical profession—unlike that of other professions, it is not a mere annoying excrescence, but a veritable cancer, not always to be found without search, but ever malignant. While in other professions it is like the dust that covered Egypt, in ours it is like the lice called forth by the wrath of God. We have no hope of its immediate extermination. 'The mortality of man is the salvation of truth,' and this generation, at least, must die before the wiseacres, who control the interests of medicine, discover that physicians are amenable to the same physical, mental and ethical laws as are the balance of mankind.

"In the near future we hope that possession of a diploma will be a guarantee of ability and that no man can obtain it without knowledge. Then the advertisement needed will be of the particular subjects the physician is willing, or best able, to treat.

"I wish to declare distinctly that I have no affinity or sympathy with so-called Medical or Surgical Infirmaries or Institutes, which I regard as swindling concerns not morally superior to three-card monte or bunco banks; and he who sends patients to parties running such institutions is aiding and abetting the enemies of morals and medical science."

We are indebted to a physician of this city for a suggestion which may be of interest to some of our medical friends, and prove of practical value. He says "that it might be well to establish some free dispensaries in the outskirts of the city. That the physicians now have little to do and no pay, that they might thus obtain more work and *some* compensation." In this connection we will suggest that there is an open field for charity, there being, as yet, no free Venereal or Syphilitic Dispensary or *Institution* in Buffalo. Such a field for observation cannot long be neglected with impunity, though it must be acknowledged that the present hospitals and dispensaries monopolize nearly the entire trade, making it a *specialty*, and in some of them an almost exclusive specialty. "Don't do anything else," as the craft say of themselves.

Rush Medical College.

CHICAGO, July 5, 1876.

The following Resolution, adopted to-day, by the Faculty of this College, contains an answer to questions relative to Homœpathy sent to this Institution by the Dean of the University of Michigan:

"*Resolved*, That the time and attendance of students upon Lectures of the Medical Department of the University of Michigan, up to, and including, the last regular session of that College, may be recognized as part of the requisites for graduation in this College; but such time and attendance shall not hereafter be accepted so long as the teaching of Homœpathy, in whole or in part, shall be included in the course of study at that Institution."

J. H. ETHERIDGE,
Assistant Secretary.

———:0:———

Dr. Cronyn *was* a regular physician, but seems to have sold his birthright for "Boudoir."

The distinguished physicians quoted as endorsing and recommending "Boudoir," will probably tell us what it is; they must be in the secret.*

We are, of late, frequently asked: "What is *Boudoir?*" Not knowing much about it, we have to answer, of course, one of the new remedies.

DIED at Rochester, N. Y., January 13th, 1878. Dr. HENRY W. DEAN, in the 59th year of his age.

Dr. Dean was born in Madison Co., N. Y., in August 1818. His father removed, while he was yet a lad, to Wyoming Co. His academic studies were pursued at the Wyoming Academy. At the termination of this course, he commenced the study of medicine with Dr. W. Fay of Pavilion, N. Y. He came to Rochester, N. Y., in 1839 and entered the office of Dr. Frank H. Hamilton, as a student. He graduated at the Geneva Medical College in 1842, since which time he has continued the practice of his profession in Rochester.

His illness was brief, he having attended to his duties, as usual, until two days before his death, which occurred from Meningeal Apoplexy.

Few Medical Men, in Western New York, have enjoyed the confidence of the profession and public to the same extent as Dr. Dean. Of commanding presence, calm, dignified and sympathetic, he impressed every one, with whom he came in contact, with the magnetism of blended strength and sweetness. In his professional labors, his patient and constant study made him the judicious counsellor and physician. In all his relations, his careful consideration of others won for him the affection of all who knew him. While even the student of science, an earnest religious zeal was the motive impulse of his life. He held "the mystery of the faith in a pure conscience." For him his calling involved a sacred duty; that of reflection, in his work and life, the character of the christian physician. In his relations with his professional brethren, his uniform courtesy and urbanity won their profound esteem and regard. His attainments, though modestly displayed were recognized and gained for him the places of honor and distinction in the profession. To the elevation of the calling, which he so truly loved, he was a devoted laborer; and his earnest effort was, ever, to free it from all that seemed base or ignoble.

That his life should terminate suddenly, and without a struggle, seems very fitting. It was but the sudden ending of a strain of harmony, and he quietly passed from this life

> "As one who wraps the drapery of his couch about him
> And lies down to pleasant dreams."

E. V. S.

* See Page 257.

At a meeting of the Monroe County Medical Society, held January 15th, the following Resolutions were unanimously adopted:

Resolved, That in the death of Dr. Henry W. Dean this society has lost one of its oldest, most able and efficient members—one always ready and foremost in every work for the promotion of the scientific interests of the profession.

Resolved, That as friends and associates of Dr. Dean, we can bear unqualified testimony to his great personal worth, and to the kindness and liberality which characterised all his professional relations

Resolved, That we share with this community in regrets for the loss of an eminently useful man and honored physician, and that we tender our sympathy, with these expressions of regard for our deceased friend, to his bereaved family.

Books Reviewed.

Transactions of the International Medical Congress of Philadelphia, 1876. Edited for the Congress by JOHN ASHHURST, JR., A. M., M D., etc. Philadelphia: 1877. Price $6.00.

The first glance which one gives to this volume does not leave a very favorable impression of it as a sample of American book making, but the preface explains that the publication committee preferred to confine themselves within the limits of the amount of money at their disposal, rather than make another assessment as they were empowered to do by vote of the Congress.

The Medical Congress of 1876 was such an important assemblage, that a record of its deliberations will be an addition to medical literature of no small interest or value. The volume opens with a history of the Centennial Medical Commission and the International Medical Congress, prepared by Dr. James H. Hutchinson, of Philadelphia, from which it appears that the project of holding the Congress was first broached in October, 1872. at a meeting of the Philadelphia County Medical Society. In March, 1875, the Centennial Medical Commission was formed with Prof. Gross as President. This commission, together with delegations from the various medical organizations in Philadelphia, had the arrangements for the Congress to perfect, a task which was by no means an easy one to accomplish. The transactions proper of the Congress open with an address of welcome by Prof. S. D. Gross, M. D., LL. D., D. C. L. Oxon., as President of the Centennial Medical Commission. The address was a dignified, graceful and hearty welcome to the members of the Congress, both Foreign and American, which in its full force can only be appreciated by those who heard the distinguished surgeon's remarks. Following the address of welcome, are the minutes of the

Congress, which give a resume of each days proceedings, with the conclusions reached by the various Sections and reported to the Congress. Next after the minutes follows the addresses which were delivered before the Congress in general session. The first of these is the address on Medicine and Medical Progress in the United States, by Prof. Austin Flint, M. D., of New York, is a review of the work of a century in the progress of medical science, in which the author has presented with all of his accustomed force and elegance of diction the salient points in the medical history of the United States. With characteristic modesty he fails to mention any of the numerous contributions to the science which have emanated from his own pen and brain; for instance, he dismisses his discovery of the communicability of typhoid fever by contaminated drinking water, in a sentence of three lines indicating the locality of the discovery, but giving no hint of the discoverer. The address throughout is an impartial, and as far as possible, comprehensive consideration of the subject. Following the address of Dr. Flint is that of Dr. Henry I. Bowditch, of Massachusetts, upon Hygiene and Preventive Medicine. Dr. Bowditch follows the lead of the other speakers, and pays special attention to what has been done in the line of State Medicine during the first century of the republic. He divides the period into three epochs, viz.: I. From 1776 to 1832, the era of theory and dogmatism. II. From 1832 to 1869, that of strict observation, and of bold, often reckless skepticism. III. From 1869 to 1876, that in which the idea of preventive medicine is fairly established. Dr. Bowditch discusses intelligently the condition of Public Hygiene at the present time, and evinces a thorough acquaintance with the subject. By means of an extended and laborious correspondence he presents a report of the status of Preventive Medicine in the various states and territories, and draws from the knowledge thus obtained some very important conclusions. The entire address is one which should be read by all medical men, and which the intelligent portion of the community outside of professional ranks will find well worth a careful perusal. We are glad to see that it has been reprinted and, together with an extensive appendix, issued in book form.

The address of Prof. Theo. G. Wormley, M. D., etc., on Medical Chemistry and Toxicology, is of absorbing interest throughout. His review of the advances which have been made with giant strides by chemical science, and the impetus which the discoveries Black, Priestley, Scheele and Lavoisier, at the opening of the century, gave to careful study of chemistry, is of much interest at this period. The address, after reviewing the advances in medical chemistry and toxicology, concludes with some practical and timely remarks upon the importance of the almost accuracy and honesty on the part of the toxicological chemist.

The address on Surgery by Prof. Paul F. Eve, M. D., is such as would be expected from one who throughout a long and active life kept himself thor-

oughly posted on American Surgery. While there runs throughout this, as is the case with nearly all of the addresses, a vein of what may be called "American brag," the occasion and the subject are ample excuse for all glorification. The address is a fitting farewell to active literary labor in the field of medicine, and is, we believe, the last important writing by Dr. Eve, whose life has so lately closed, full of years and honors.

Dr. Tyner's address on Medical Biography is as complete, as far as we can judge, as could be desired, and shows the thorough acquaintance of its learned author with American Medical History. Following the address on biography is that on Obstetrics by Prof. Theophilus Parvin, M. D., of Indiana. Dr. Parvin's address, as is the case with anything that emanates from his pen, is forcible, terse and to the point. He deals with the subject as completely as could be desired, in fact, goes far beyond the bounds of Obstetrics and enters upon the field of gynæcological surgery, in which American operators stand prominent. A brief portion of the address is also devoted to Diseases of Children. One of the most interesting addresses, because upon a subject too much neglected by the profession, is that upon Medical Jurisprudence, by Prof. Sanford E. Chaillé, A. M., M. D., of Louisiana. Prof. Chaillé's address deals with the subject from what may be termed the dark ages of medicine, when witchcraft was believed in, the power of demons recognized, and superstition led the judges, priests and physicians to commit deeds upon which we now look with abhorrence and wonder. The author urges upon the profession, with honest and needed zeal, the importance of the addition of medical jurisprudence to the cirriculum of our medical schools. He reviews the rise and progress of the science in the United States, and refers to the more important works published in America upon the topic. The Medico-Legal Society of New York is alluded to in terms of well deserved commendation. A complete bibliography which is appended to the address will be of untold value to students of medical jurisprudence.

The address of Dr. John P. Gray, of Utica, N. Y., upon Mental Hygiene, is a production which as a literary effort deserves high rank, and as a scientific paper is of great value. We wish that the paper could be placed in the hands of every thoughtful man and woman in the country. The tribute which he pays to the mental and moral stamina of the Puritan fathers of New England is, to our mind, one of the finest points of the address. The subject of mental hygiene is here treated by a master hand, by one who has made himself master of the subject, as far as years of study and observation would allow, and his warning notes here sounded in no uncertain tone we cannot as a people afford to neglect.

We have only space to call attention to the addresses on Medical Literature, by Dr. L. P. Yandell, of Kentucky, and on Medical Education, by Dr. N. S. Davis, of Chicago. Dr. J. J. Woodward, Surgeon U. S. A., in an address

delivered during an evening session, gave a demonstration of the work of the Medical Staff of the United States Army, which will have a tendency to increase the high reputation already gained by the medical officers of the army, both at home and abroad.

We have not space at this time to consider the work of the sections in detail, and shall, therefore, defer further notice until our next issue. B.

A Compend of Diagnosis in Pathological Anatomy; with Directions for making Post Mortem Examinations. By Dr. Johannes Orth, First Assistant in Anatomy at the Pathological Institute at Berlin. Translated by F. C. SHATTUCK, M. D., and G. K. SABINE, M. D. Revised by R. H. FITZ, M. D., Assistant Professor of Pathological Anatomy in Harvard University. New York: Hurd & Houghton. Buffalo: Peter Paul & Bro.

The author is an assistant to Professor Virchow to whom with Professor Rindfleisch, a former teacher, he dedicates his book, which we may expect does justice to the views of these most distinguished authorities in pathology. Several years experience as a teacher in pathological work and opportunities for investigation which are thought to be unsurpassed, has enabled the author to present the subject in a most desirable way for those who are liable to the ordinary difficulties of a beginner in practical pathology and at the same time with very creditable thoroughness, completeness and freshness. There is a clearness and intelligibility in the statements of the work that convinces one who has slight acquaintance with microscopical observations, that they have been dictated by experience and that theories have been properly used to explain experimental facts. There is far more pleasure in following such a practical guide than in reading elaborate sections on pathology in general works on theory and practice of medicine, at least until the way has become pretty well known to one.

The lately promulgated Prussian Regulations for forensic physicians in making autopsies are adopted and the pathological views generally current on the continent, are there presented. A very good idea of the whole subject is presented as the tabular view of contents which occupies sixteen pages. One has a great advantage in use of this work, who has an easily acquired degree of ability in use of the microscope and can follow the plain directions for microscopical examination of parts.

The subject of cancers is clearly presented. Three divisions, scirrhus, encephaloid and colloid, are made of ordinary cancer, and epithelioma or cancroid is divided into two kinds, infiltrating and papillary. The different features of these growths in gross and microscopically, are well described.

Transitional forms between pure adenoma of the breast and cancer occur. Secondary or metastatic cancer of the liver proceeds most frequently from cancer of the stomach, also from the uterus, rectum, breast and esophagus. Metastasis from almost all recognized forms of cancer have been observed in the liver and the cells and often the interstructure present there the same characteristics as in the primary growth. Thus metastasis from cancer of the stomach, uterus, rectum and ovaries possess cylindrical cells, those from the esophagus, cervix uteri, etc., are the so-called cancroids, while those from cancer of the breast are composed of irregular cancer cells resembling glandular epithelium.

Tubercle of the lung is said to be found in three forms,—1. Disseminated uberculosis where the smaller miliary tubercles are found scattered pretty uniformly and following the course of the lymphatics and blood vessels. 2. Localized tuberculosis which in one form, frequent in childhood, occurs about a single cheesy nodule in the lungs or about the bronchial glands or again it occurs in adults in connection with cheesy pneumonia or peri bronchitis. 3. Bronchitic tuberculosis which affects the mucous lining of the bronchi. In respect to the distinction between tubercular and inflammatory products in the lung, he says it is pretty safe to assume in most cases that the effect is not purely inflammatory but of a mixed or tubercular and inflammatory character, even when the pathological changes must be ascribed in great measure to true inflammatory processes.

The sections on diseases of the kidney, liver, spleen, etc., are quite noticeable and conform mainly with statements in other quite recent works. There are very many facts of interest to be gathered from the work which is a most desirable one for students and is valuable to the profession for its new ideas and for practical service as a manual of pathological diagnosis. W.

———:o:———

Books and Pamphlets Received.

Popular Science Monthly and Supplement.

Annual Report of Pennsylvania Free Dispensary for Skin Diseases. Philadelphia: 1877.

Twenty-fifth Annual Announcement Med. Dep. Univ. of Vermont. 1878.

Annual Report of the Columbia Hospital for Women. Year ending June 30, 1877.

Dressing of Stumps, by Louis Bauer, M. D., M. R. C. S. Reprint from St. Louis Clinical Record.

Twenty-second Annual Report of the State Lunatic Hospital at Northampton, for year ending Sept. 30, 1877.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. MARCH, 1878. No. 8.

Original Communications.

———:o:———

ART. I.—*Clinical Lecture on Club-foot.* By Prof. J. F. MINER, M. D. February 9th, 1878.

GENTLEMEN: A private patient consents to come before you for operation for club-foot, which consists in a peculiar distortion of the foot attended with a deviation from its natural direction, with change in the form of the bones, ligaments, tendons and muscles and usually with diminution in the strength, and sometimes in the length. It presents itself in many degrees, the deformity being sometimes so great as to render the individual an object of constant attention and remark, as well as greatly interfering with locomotion. On this account it is an affection which has always attracted the attention of medical men, inducing them to investigate its causes, and to devise means for its successful relief. True, club-foot is a congenital affection; it may, however, be imitated by causes operating after birth. It is generally believed that it may be acquired in true form, after birth, but such belief is probably unfounded; the bones are rarely if ever changed in form by any deviations from causes operating after birth. Though the foot is often displaced by accidental causes, such as constrained position until the soft parts,—ligaments and muscles,—are

moulded into a new shape, and fixed in unnatural position, convulsions, irritation of the nerves, causing contraction of the muscles, various injuries, fractures, luxations, etc., etc; want of nervous power often renders the muscles of one side of the foot lax and and yielding, and thus club-foot is acquired; but as I have said, true change in the form of the bones of the foot, arises from causes operating previous to birth.

Prof. Gross says that the etiology of club-foot has never been satisfactorily explained. "The hypothisis of arrested development, so warmly advocated by some modern pathologists, is altogether untenable, being essentially contrary to the facts in every particular. The imperfect growth, if any such really exist is not congential, as this doctrine teaches but acquired, being the result of causes which are brought to bear upon the child during its intra-uterine life, leading to shortening and contraction of certain muscles, and not to a want of development properly so-called. It must be acknowledged, however, that instances occasionally do occur, although rarely, which strongly favor the doctrine under consideration. Thus I have in my own practice, seen two infants born at the full term, but who died immediately after birth, who had well marked hare-lip, cleft-palate and club-foot, the result evidently, so far at least, as we can judge of such an occurrence, of an arrest of development." He says: "Arrest of development is untimable being contrary to facts in every particular, and then relates two cases which he thinks are evidently due to arrest of development." In this he is a little obscure or contradictory. Hare-lip and club-foot do not spring from the same causes even though associated in the same subject, at least there is a good way of accounting for non-union of the lip and palate in the centre, which does not apply to club-foot. If toes are left off from an otherwise perfect foot, it is certainly an arrest of development, but there is no arrest in club-foot, it is only mis-shapen. Every part of a natural foot is found in congenital club-foot, nothing is wanting, it is fully developed. Prof. Gross' two cases show nothing for arrested development, so far, at least, as club-foot is concerned.

He says again: "Another hypothisis of the formation of club-foot that has met with considerable notoriety, is, that the distor-

tion is caused by the pressure of the uterus upon the feet of the infant during gestation in consequence of a deficiency of amniotic fluid. But the question may be asked, if such an effect may be produced upon the feet. Why should it not be exerted upon the hands, head, nose, chin, legs and knees! such a coincidence, suppose the doctrine to be true, ought to be of constant occurrence, yet it is so rare that it is probably not noticed in one case in a hundred of the affection. Besides it remains to be proved that women who have club-footed children have always a deficiency of amniotic fluid." He then goes on to say: "The most plausible view, perhaps, that can be framed in the present state of the science of the formation of club-foot, is, *that it is produced by a defect of nervous influence* leading to a permanent contraction in certain muscles and a corresponding retraction and incurvation of the bones into which these muscles are inserted."

It is very difficult to see any defect, or deficiency of nervous supply in congenital club-foot; the muscles, tendons and ligaments are well adapted to the deformed foot and require and receive the same amount of nervous supply that any foot requires, or receives; club-foot in all these respects is as perfect as any other foot, but is of bad shape. It is true that in some cases, the whole muscular apparatus of the leg suffers, is atrophied and weakened; but this may grow out of the fact, that the natural motions of the parts are interfered with, the organs are not at all adapted to natural use or motion, and become weakened and useless for the double reason of not being in shape for use, and not having muscles capable of motion. I have no ambition to disprove the existing theories concerning the causes of club-foot, and have only noticed them to more forcibly impress you with the truth which I expect to demonstrate, that it really does depend upon pressure during intra-uterine life, from deficiency of amniotic fluid. (Specimens to illustrate here presented and described.) It appears remarkable that cause so adequate, so evident in some cases, and so manifestly liable to be in operation, should receive so little recognition, and still more remarkable that from so natural and philosophical an explanation physicians should wander off into occult and inconceivable influences of which they know nothing. It is not absolutely

necessary that we determine positively the causes of this deformity, but it is well to entertain correct views in this respect, for upon our convictions as to its cause will depend, in some degree at least, the time and manner in which we shall attempt relief. On this account, mainly, I have indulged in quite a lengthy discussion which otherwise would possess very little practical value.

Club-foot presents itself under several varieties of form, of which there are four principal ones, differing from each other in the direction of the distortion, frequency of occurrence and details of treatment; but not in the general principles of treatment. These may be denominated, the *inverted*, *everted*, *extended* (phalangeal) *flexed*, or (calcaneal) varities, each name having reference to the manner in which the limb touches the ground. Thus in the inverted, the inner margin of the foot is turned upwards while in the everted it is turned downwards; in the phalangeal variety the heel is elevated while in the calcaneal it is depressed, the toes in the former being turned down, and up in the latter. Besides these general varities, there are several sub divisions, depending upon a combination of two or more of the general divisions, as for instance the inverted and phalangeal, which is exceedingly common, and the inverted and calcaneal, which is much more rare. By far the most common form of club-foot is the inverted, usually called VARUS. The case now before you being of this form in which the patient walks upon the outer ankle, the great toe being directed inwards and upwards. The muscles of the calf and the adductors of the foot are contracted, hence there is elevation of the heel and a peculiar inward twist of the foot. This alteration occasions the most serious impediment to progression, and when it reaches the high degree here shown, gives a most disagreeable appearance to the limb. The outer margin of the foot, which in conjunction with the outer maleolus, chiefly sustains the weight of the body, is almost semi-circular in shape, rough and callous. The tendo-schillis, is forced to the inner side of the foot, and forms a tense, rigid cord beneath the skin. When both feet are affected with *varus* they not unfrequently form an acute angle with the leg; they may approach so nearly to each other as to touch or even overlap.

The second variety, anciently called *valgus* may be described as the opposite of varus, the patient walking upon the inner side of the foot, while the outer side is drawn entirely from the ground.

The third or phalangeal variety, called by the older authors *equinus*, is attended by a shortening of the gastro-cremial and soleal muscles, aided sometimes, by the flexir of the toes. If any form of club-foot is acquired, this is most commonly the form assumed, and is said by writers to be "nearly always non-congenital."

In the fourth variety, the *calcaneal*, the limb rests upon the heel, the toes being drawn upwards towards the anterior surface of the leg. It is attended by a contraction of the anterior tibial muscle and of the extensor of the great toe, assisted sometimes by the common extensor of the foot. This variety is generally congenital, I have said, all varieties I believe are congenital in their real forms and all may be imitated in greater or less degree by causes operating after birth.

The changes which the bones, ligaments and muscles undergo, vary in the different varieties and in the differing degrees of the disease. The *tarsal* bones suffer the greatest alteration, being half dislocated, separated from each other and variously distorted. The calcaneum cuboid, scaphoid and astragulus are more deformed and changed in shape, but all the bones of the foot partake in the general malformation. The muscles are shortened on the one side and elongated and relaxed on the other; they are often misplaced. The ligaments do not at first, and in slight cases, appear much altered, while in those of long standing and severe form, they partake in the universal change.

It may here be remarked, that no one form appears alone, but that as they are combined in greater or less degree, so no description of minute changes can be made. It would answer no particular purpose to consider all the possible changes which the bones and muscles may undergo, as the *principles* of cure are the same in all cases, while the details vary with all the varying appearances which different cases present, each case requires an adaptation to itself.

TREATMENT. Club-foot should *always* receive early and efficient

treatment, for the longer it is deferred, the more difficult it will be to effect a cure. This is true both of the congenital form, and the acquired or that induced by causes operating after birth. The bones at birth are exceedingly soft and yielding, and all the soft parts readily adapt themselves to any new position. At the very time of birth the sensation *is*, or *appears* to be less acute, and the deformed foot may be moulded back into natural form with wonderful facility. If rectified at this time the muscles sooner and more perfectly regain their natural functions, while the ligaments can hardly be said to have partaken of the deformity. In the worst grades of the deformity it is extremely difficult, if not impossible, when treatment has been neglected during the first years of life, to make a satisfactory cure. It can only be done by extensive division of tendons, and by wearing for a long time, retentive apparatus. The precise time at which the treatment should be commenced has been variously defined by different authorities. Some surgeons defer it two months some six and I am sorry to say some delay it for a year. It has been supposed that the newly born child cannot safely bear the operation and constraint and that all operative interference *must* be delayed until the child had attained to greater strength and vigor. In the slighter cases no division of tendons is necessary and but rarely is it necessary to do more than divide the tendo Achillis, even in the cases of greater deformity. All vigorous healthy children will bear this much of operation :—it can be made with perfect safety. It will not make an infant forsake the breast or appear in any way unwell. When you find that a newly born child has club-foot if the deviation is not great, grasp it firmly and resolutely and mould and twist it back—a little more than to its natural form, before you leave the house. Next morning repeat the operation, which you observe I complete for the present by applying adhesive plaster, so as to retain it fully round to its natural shape. If the tendo-schillis is too short, divide it sub-cutaneously and with but little parade, of course impressing the parents with the importance and necessity of it. Adhesive plaster is a favorite retentive apparatus with me, and I have never seen any other which answered for first dressing so fully the indications of treatment.

It requires some care and practice to use it satisfactorily but when you know how to apply it, you are in possession of the most simple, and above all, the most efficient means of retention ever yet adopted for the correction of club-foot. Other means may be used when the case has considerably progressed, but adhesive plaster is the best means of retention I have yet seen. I must not however fail to acknowledge the service rendered us in the treatment of this malady by the inventive genius of many of our mechanical friends, who have caused the manufacture of retentive apparatus of inestimable value in the latter treatment at least, and well calculated to be of service even immediately after operation. (Instruments shown and benefits explained.) I have never doubted but these machines will, if properly applied, retain the foot somewhat in natural form; they are of great service to relieve the tedious after treatment, and on this account mainly they are urged upon your attention, but do not forget what I say about retaining the parts in place by adhesive plaster. Try the plaster and the boots, but if you are unsuccessful with either, do not blame either the boots or plaster, but remember that the fault may be altogether in the manner of application and in a lack of faithfulness and perseverence, either on your part or that of the friends, or nurse, though Plaster Paris bandage is now used a great deal for this purpose. It has advantages, but I have opportunity to show you my manner of early dressing, and it will be impossible for me to do much more, for every surgeon has his favorite methods, all differing in some respect but all alike in principle, and all productive of somewhat similar results.

Dr. Richard Barwell, of London, has recently expressed himself as strongly opposed to tenotomy as a remedy for club-foot. He has published a monograph and described an apparatus which, if properly applied, will generally, he thinks be sufficient to effect a speedy cure. His opinion is, that the tendo Achillis is almost the only tendon which should ever be divided. He recommends an apparatus, consisting of adhesive straps applied longitudinally and around the foot and leg. His object is to force the foot with *elastic dressings* into normal position, thinking thus to more highly favor muscular action. The division of the faulty tendons requires

more care and attention than is usually supposed. To do it well requires skill, experience, judgment and a competent knowledge of the anatomy of the parts concerned. No preliminary treatment is required, and chloroform may be given or not. In infants anæsthetics are wholly unnecessary, but in children of six months or upwards it is better to use anæsthetics; local anæsthesia answers most admirably for this operation. *All* the faulty muscles may be divided at one time, where only club-foot is to be rectified; if the knee and thigh require division of tendons it might be well to divide the operation. The number and extent of the necessary divisions vary with each case; in talipes equinus, division of the tendo Achillis, is all that is required, while in inverted (*varus*) the tendon of the anterior tibial muscle, or of this and the long flexor of the toes, and as usually complicated with equinus the tendo Achillis may also require division. Age is no bar to tenotomy; the tendons will unite again, and you will have no anxiety about it. The reasons for operation in infancy have already been given, and are included in the softer and more pliable nature of the bones, ligaments and muscles and not from any objection to division of tendons later in life. Young adults are often benefitted and sometimes perfectly cured; so you must not understand me to say that *only* children can be cured, men at fifty have been reported as perfectly cured by operation.

The *Instrument* best suited to the division of tendons, is a narrow sharp pointed bistoury, now usually included in the common pocket-case, which makes only a mere prick through the skin; or an opening may be made through the skin and a very small, narrow, probe pointed bistoury introduced, and the division of the tendon effected by it. In either case the tendon to be divided is made tense when a slight sawing motion will effect a division of the tense cord, which is indicated by a distinct snap and giving way of the resistance. In division of the tendo Achillis it is well to pass the knife flat ways behind the tendon, between it and the deep parts, then by turning the edge against the tense cord, it will divide it to the exclusion of every thing else and it will give way with a distinct snap, and a separation of an inch in extent will often take place. This space will be filled with connective tissue

similar to and taking the place of tendon. It has been proposed by Prof. Pancoast to divide the muscle higher up; to divide the soleal muscle in its lower portion, as admitting of more rapid union and rectification of deformity.

The posterior tibial muscle may be divided about an inch above the inner-ankle; the posterior tibial artery and nerve are the important structures necessary to avoid.

The most favorable situation to divide the tendon of the anterior tibial muscle, is in front of the ankle-joint, where it may be readily felt forming a distinct tense cord, care is necessary not to wound the anterior tibial artery. The *peroneal muscles* may most easily be divided a little above the outer ankle, as they run over the fibula. All contracted and unnaturally tense tendons may be divided in a similar manner, and the resistance having been thus overcome the foot can be placed in natural position. I have spoken of avoiding arteries and nerves; it seems to me that there is very little danger from this source. Tendons are made tense and other parts remain lax, the fibers thus tense are first divided and only from quite unnecessary division of parts can arteries or nerves be wounded. *If* any of the arteries are wounded, you are not to be disheartened, divide the artery completely across and apply pressure; this will generally be quite sufficient, of course it can be ligated if found necessary, but such a necessity can hardly arise. The absurd and useless method of delaying, after division of tendon for a few days, before bringing deformed members into shape has been wholly abandoned by intelligent surgeons. It was founded upon the error of thus obtaining less inflammation and less constitutional disturbance, but really produced much more, and made the second part of this operation, that is, the turning into place and dressing, much more painful than the first.

All deformities caused by, or attended by shortening of muscles, either in the upper or lower extremeties may be treated upon the same general principles. Your success in this class of surgical operations, as in all others, will depend upon the judgment and skill with which they are made, and I must not dismiss the subject without cautioning you not to promise yourselves, or your patients *too much*. You are dependent upon the assistance and

co-operation, in most cases, of the parents or friends, which may *fail* upon trial. There are the usual sources of failure, and great intrinsic difficulties to be overcome.

———:o:———

Correspondence.

105 Friederich St.,
BERLIN, Jan'y 27, 1878.

Editor of the Buffalo Medical and Surgical Journal:

MY DEAR DOCTOR:—A longer time has elapsed since my arrival in this city than I intended before writing to you, but I delayed from day to day in the hope of writing something interesting to you and your Journal. Were you a lady interested in marriage questions I could fill you brim full with the coming wedding of the Princesses Charlotte and Elizabeth, or were you a hunter after decorations I could tell you a good deal about the Decoration feast just held, but as you are a man, who has no eye or ear for such things I must try and tell you what is being done here in medicine and how it is done, trusting that you will not consider me as a thief upon your time.

While the remark that you made to me just before leaving Buffalo last fall is quite true, viz., "that the European physicians did not show any superiority over the American and that we could show as good men as any country." we must admit that such is only the case with our better men and that our general practitioners are not so well qualified for their work as those of Germany. The preliminary education and the thorough didactic and clinical training which the men receive here is far superior to that which is given to our students and the consequences are those already stated, viz., better general practitioners. The fault with us does not lie so much in the character of the didactic teaching as its short duration and great hurriedness—nor is there a want of clinical material, but the proper use of it, by making the student step forward make his diagnosis and pursue his treatment under the guidance of competent supervision. If the hurry to make doctors which some of our schools of medicine exhibit could be checked and in the future only the quality of the men turned out be con-

sidered it would be a great blessing. But by far the greatest blessing to the profession would be to require, as in this country, a State Examination. The degree of Doctor of Medicine conferred here does not permit the so-dubbed iudividual to practice medicine but he must first pass a state examination which lasts from four to six months. Having passed such an examination the physician is protected by government in his interests and is not the "Doc." of every woodsawyer or cobbler.

While in the specialty which I have chosen as the future field of my activity, the United States can show as proud a record as any country and perhaps grander achievements in the operative department than any other nation, yet the opportunities for studying gynæcology are so few that it has paid me to come here in the pursuit of this department of medicine. As yet the greater part of the American people would be shocked at the idea of bringing woman after woman upon the examination table and before a class of 60 to 80 medical men and I cannot but look back with a smile when I think how Prof. White marched a few members of the graduating class into a room, where a patient lay covered so that her modesty might not be hurt, to enable them to listen to the fœtal heart. Nor can I sufficiently condemn the course of the profession when he attempted to give students a better opportunity of clinical study, thereby depriving them of instruction most valuable in their earlier career and which might perhaps have saved them great annoyances and the patient great suffering, perhaps injury.

Speaking of my opportunities of studying gynæcology, my good star led me to Dr. A. Martin, son of the late Prof. E. Martin, and Lecturer of gynæcology of the University of Berlin, whose clinical assistant I have become. At the free clinic we have from 30 to 40 patients per day. The gentlemen present (all graduates) take turns by twos and threes in examining the patients, making their diagnosis, etc., and applying the treatment. Besides the examinations on part of the Doctors I examine each case individually and assume under Martin a general direction of the patients. Often I run the clinic through all alone. The character of cases presenting themselves cover the whole field of gynæcology, from a chronic metritis to the uterine fibroid, or ovarian tumor. All such cases

requiring operative interference are sent to a private clinic, to which also cases out of private practice are directed, so that a large amount of material is constantly at hand. This private clinic is in my charge and a good opportunity is thereby offered me to follow the results of operations which might otherwise be lost to my view. During the month of Nov. '77, ten abdominal sections were made, viz, two castrations, for intersticial and subservious fibroids of the womb, to produce premature involution, one extra-uterine fœtation, two ovariotomies duplex and five ovariotomies; the tumors being some multi some unilocular. All patients recovered, some being discharged in fourteen days. In one case of double ovariotomy the tumor was enucleated as suggested by yourself out of the broad ligament with great satisfaction, the procedure leading in all probablity to the success of the operation. One case of ovariotomy per vagina was very happy in its result. During the past two and one half months we have made twenty-two amputations of the womb (vaginal portion), two Emmet's operations for laceration of the cervix, two vesico vaginal fistulæ (unsuccessful), one kolporraphy, some fifteen stenosis os uteri ,etc., etc., so that you will observe material is not in the least wanting. Perhaps it may not be out of character here to refer to the bi-manual or combined examination over the simple digital as generally practiced. By this method the examiner stands in front of the patient, and while making the vaginal exploration with the right or left hand he applies the other upon the abdomen and by steady but gentle pressure brings the organs of the pelvis between the fingers, thereby obtaining a clearer idea of their size, consistency, position and relation. This method although adopted by some at home, is yet according to my observation too limited in its application. Its advantages are such that I doubt whether any physician will content himself with a simple digital exploration after having accustomed himself to the combined method.

As your acquaintance with the Med. Literature of the United States is such as to entitle your judgment to great weight and consideration, Iwould like to ask you how a work upon the Versions and Flexions of the Uterus, by E. Martin, late Professor of Obstetrics and Gynæcology would likely be received. The work is based upon

some 850 cases, which have been studied with special reference to cure and not simply relieve. Prof. White was probably personally acquainted with the gentleman, as at the time of his visit he must have held the chair at Wurzburg, being succeeded there by Scanzoni. I have the work pretty well along in its translation, and if it is likely to meet a favorable reception or supply any demand, I should be glad to push the matter and bespeak your interest. The book would occupy about two hundred pages. Please let me know your views on this subject, and if it would not be asking too much, also those of Prof. White.

Besides following my special department I occasionally visit Langenbeck, Virchow, French's, etc. Langenbeck has a daily clinic from two till five, during which he operates and demonstrates. He has a list of all students having put their names down and calls upon them to step forward and diagnose the case under consideration. After the diagnosis is established the gentleman stays and becomes the principal assistant during that operation. As soon as the operation is done the next patient is presented and another student is called. After Langenbeck gets done (5 P. M.,) his assistant continues the clinic until 7 P. M. Prof. Virchow begins his lecture at 8.15 A. M. and demonstrates until 11 A. M. Medical lectures begin at 7 A. M. and last until 10 P. M., and not only week days but also Sundays. Of course the students cannot attend all, so they select the lectures they wish to hear and paddle along whither their own sweet will leads them. The attendance of Americans is quite respectable this season, Boston, New York and Philadelphia being especially represented. Besides myself there are two other Californians here. Having probably exhausted your patience completely, permit me to come to a close with the hope of soon hearing from you, and permit me to subscribe myself

Ever Yours,

CHAS. F. A. NICHELL.

———:o:———

SHERMAN, N. Y., Feb. 8th, 1878.

Buffalo Medical and Surgical Journal:

I notice in your last issue an article on "Dilation of the Urethra by the Urine itself." The article is one of great interest to me, as

I have been experimenting on several patients for the past four years and with wonderful results.

The *most important* clause of the treatment has been left out in the article mentioned, else I have made an improvement on the original plan, viz., that of attempting the ejaculation of urine while holding or compressing the urethral canal. The benefits accruing from this procedure are at once made plain by any person suffering from enlarged prostate, or with stricture, who adopts this plan of dilatation. In the winter of 1874 while spending a few weeks in New York, H. H., came to me saying that he had had stricture for ten years, and by advice of his physician had passed the sound thrice weekly for the past five years. He had discarded a No. 12 sound and had obtained a No. "9" which he had used for a year past and stated that he was sure the caliber of the urethra was growing less. On measurement I found that the urethra ought to have the caliber of "No. 18"—English seals. This measurement I based on the plan, or theory of Dr. Otis, and on trial I found two strictures, the first an inch from meatus caliber, of a No. 10 sound; second stricture two and a quarter inches from meatus which requires some force to pass the sound of No. 9 caliber. I requested him to wait until the bladder should become distended and then to grasp the penis between the thumb and finger and fill the urethra as full of urine as possible and then attempt ejaculation still holding and compressing the urethra firmly. Some six hours after, he came to my room looking pale and excited saying that he had attempted this procedure and that it had caused profuse hemorrhage and had become freightened because of it. On examination, I found that a No. 14 sound passed without any trouble. Thus reassured, I requested that he fill the urethra as before, every time that he was called upon to micturate, and to attempt ejaculation once daily. This he followed up for three months when I easily passed a No. 20 sound without pain. All trouble from the strictures he informed me disappeared some six weeks before. The gentleman wrote me some months since saying "that he remained well of his troubles yet he practiced the urine dilatation occasionally for fear of a return." I have treated

three other cases with like favorable results, and feel enthusiastic over the matter.

Let any person, attempt this process who is not suffering from any urethral trouble, and he can at once realize something of the force which is brought to bear on the parts. It is sufficient to *rupture* the bands of hardened tissue as completely as any instrument yet devised for the purpose, and worthy of more serious consideration than has yet been given it.

H. B. OSBORNE, M. D.

———:o:———

DEAR DOCTOR:—The following case is sufficiently unusual to demand a permanent record, and I have for this purpose sent it to you. Very Truly Yours,

FRANK H. HAMILTON.

NYACK, N. Y. Feb. 14th 1878.

Fracture of the Lower Jaw in an infant.—Fragments maintained in position by wire suture.

DR. F. H. HAMILTON

DEAR SIR:—There does not appear on record many reports of cases of Fracture of the Inferior Maxilla, treated by wire sutures. I therefore infer that this method of treatment has not been much practiced. Knowing the great interest you take in the matter of fractures generally, I have thought the history of the following case might be of interest to you.

August 3d, 1876.—Williams, a boy aged three years, fell from the third story window of the house in which he lived, to the street, a distance of about thirty feet. I saw him an hour afterwards. He was then insensible, suffering from concussion etc. Upon examination I found a simple fracture of the inferior maxilla through the middle of the horizontal rhamus of the right side. Other than this there was not a scratch or bruise upon him. No dressing was applied until the next day, when he had in a great measure recovered from the shock. There was not much displace-

ment of the bones. To prevent his interfering with the dressings I applied adhesive strips to the jaw in the shape of a Boston bandage. This fixed the jaw firm and immovable. Everything did well until—

August 29th, when he fell down a flight of stairs and refractured his jaw. The end of the *anterior* fragment of the bone was driven through the integument of the cheek and overlapped the front of the posterior fragment of the bone about one-half an inch. After some difficulty the ends of the bone were brought in apposition but could not be so retained by any external appliance.

After anesthesia by ether, I dissected the inside of the cheek from the ends of the bone, bored a hole through each end with a bradawl, passed a stout silver wire suture through, and twisted it tight. This brought the ends of the bone in perfect apposition, and held them securely. The ends of the wire were brought out through the external wound; this served to facilitate free drainage, as well as the final removal of the suture. After three weeks the fracture was finaly united, and two weeks later the suture came away, after which the external wound soon healed. The teeth are level and the articulation perfect. With the exception of some flattening of that side of the face there is no deformity.

Very Truly Yours, &c.,

GEO. A. MURSICK, M. D.

———:o:———

726 13th St., WASHINGTON, D. C.,
February, 7, 1878.

JULIUS F. MINER, M. D.

Editor "Buffalo Medical and Surgical Journal."

DEAR SIR:—Will you be kind enough to state in your Journal that I know nothing whatever of "*Cronyn's Boudoir Medicines,*" and have never given permission for my name to appear with those who have recommended it. The use of my name in this connection is an usurpation for which I could wish the usurpers were amenable to law.

Very Respectfully Yours,

A. F. A. KING, M. D.

MISCELLANEOUS.

Aphorisms in Fracture.

A Paper read before the Kentucky Central Medical Association at its meeting in Harrodsburg, Kentucky, July, 1877. by RICHARD O. COWLING, A. M., M. D., Professor of Surgical Pathology and Operative Surgery in the University of Louisville.

Gentlemen of the Kentucky Central Medical Association:

I must offer an explanation for some peculiarities which will be found to exist in the paper prepared by me to be read upon this occasion. It was the suggestion of your president that I should write upon fractures, a suggestion which I gladly accepted, as it relieved me from the necessity of choosing a subject (which is half the battle), and at the same time it offered a most interesting theme for consideration. It was easy to see, however, that the subject was one so vast that I must either subdivide it or give but a very cursory glance at it as a whole. I did not think that either of these plans would be satisfactory; and yet there was another method, which promised to be comprehensive, and of interest to us all. It was this: rejecting all matters of history, discussion of methods, etc., to take the prominent points which arise in fractures, concerning their diagnosis, prognosis, and treatment, and to lay them down in a series of *aphorisms.* In such a manner we can cover a vast field in comparitively a short space of time. It is, too, a very useful way of imparting and receiving information, It is of course in its very nature dogmatic, as it offers no proof for its assertions; but it is presupposed on such a subject as this that the evidence on all sides has been more or less weighed, and we can judge how far the propositions laid down accord with our several sonvictions. It is, too, a very natural way of imparting intelligence. Aphorisms form the method we use continually in conversation, where we first of all state our propositions positively, and discuss them afterward if there be any necessity. I shall be glad indeed if any members of the society will do me the honor to assent to or dispute any proposition I may make, that the truth may better be arrived at.

I have felt it necessary to apologize in this manner for the aphorisms I offer, as several of them I know very general opinion will controvert.

But one word first in regard to the subject I have taken, and I proceed with my subject. Fractures form perhaps the widest chapter in surgery of any importance, and the experience gathered concerning them is correspondingly great. There are few members of the profession who have not treated a number of cases of

broken bones, and yet with all these opportunities for observation a singular difference of opinion exists on some very fundamental points. John Erichsen, the apostle of plastic dressings in England, with the force of his great name and reasoning, had six years ago converted but the single hospital of which he was a surgeon to his teachings; albeit that south of the Ohio his doctrines, with the corroborative teachings (in the main) of Gross, have such sway; and in this country the practice of the two largest medical centres, Philadelphia and New York, is at total variance. And this variance in practice also prevails through the country at large. Practitioners are very slow to change the methods taught them in their early days; both from the fact that facility in new methods is hard to acquire, and respect for ancient teachers is lasting.

It is for these reasons that one most disastrous form of dressing fracture remains to a great extent to the present time in Keutucky. I allude to the control of muscular spasm by the use of direct bandage. Such were the lessons of Dudley at Lexington and Gross at Louisville. In their accomplished hands the method was highly efficient and free from danger; but many a limb has been sacrificed to it when pursued by some of their less skillful followers.

The question of extension and counter-extension in fracture is still a vexed one. You will find in the article in Holmes by Mr. Flower that he describes a "crutch-splint" with which to exert these forces in fracture of the upper-arm, while upon the other hand the necessity for such measures is denied by a large body of surgeons even in fractures of the thigh. Men are divided upon the simple question of when to dress a fracture, and upon the apparently positive knowledge concerning the prognosis of fracture and of how to dress a fracture it would take volumes to record the literature with which surgery has been flooded. We have all felt the disadvantage of this especially in the early days of our practice;how our memory has been taxed with the multiplicity of apparatus, losing sight, in the midst of so much paraphernalia, of the fact that the principle of treating every fracture is the same.

It will be a grand day for surgery when the lumber-room which contains its fracture boxes and splints of various designs shall be destroyed. The simpler necessities of our art could easily be restored.

With such a condition of affairs as this. of course an account of fractures which attempts anything like detail must deal often with elementary points; and this must be my excuse for much that follows.

GENERAL APHORISMS.

1. In establishing diagnosis of fracture, crepitus is the most satisfactory sign; nevertheless it is not always necessary or desirable to obtain it.

2. There is frequently a physiognomy about fractures which declares the nature of the lesion; notably in Colles' fracture of the radius, ordinary fractures of clavicle, and fractures of the femoral neck.

3. The sensation in crepitus in recent fracture is *sui generis* and unmistakable. When once detected, further attempts to elicit it should not be made, except for the benefit of an accompanying physician, who may be in doubt as to the nature of the injury.

4. Crepitus can not be had in impacted fracture, except to the injury of the patient. It is exceedingly difficult to obtain in intra-capsular fracture of the femoral neck under all circumstances.

5. "Loss of function" as a symptom is all-important in establishing diagnosis in certain fractures; notably in fracture of the cervical neck and fracture of the outer portion of the clavicle.

6. Whenever any doubt exists as to the diagnosis of fracture, the examination should be conducted under an anæsthetic.

7. The chief difficulty in the differentiati on of fracture is from sprain, and not from dislocation, which has its own positive signs.

8. The prognosis in simple fracture is always favorable when the injury is confined to the shaft of the bone, even if there be comminution of the bone.

9. In mutliple fracture, when simple, the healing-process is not retarded.

10. In fracture involving a joint, more or less stiffness is always to be feared.

11. With the improved methods of treatment, the danger to life and limb in compound fracture has been reduced to such an extent that the former laws for determining the question of amputation are to be recast.

12. The best time to dress any fracture is immediately after its occurrence.

13. Temporary dressings are only to be used when the materials for permanent dressings are not to be obtained, or for the purpose of moving the patient.

14. Under proper treatment immediately instituted swelling will probably be prevented.

15. The indications for treatment of fractures are, first, reduction of the fragments of bone; second, their immobilization.

16. The dressing of all fractures is best done under an anæs thetic; which not only secures the comfort of the patient, but by its influence over muscular spasm gives the best chance for perfect reposition of the fragments.

17. Perfect immobilization is only to be obtained when the joints contiguous to the fracture are secured; and there is no law more important than this in the fractures of the lower extremity.

18. One of the commonest reasons for the failure and disaster

in the treatment of fracture arises from the fact that bone and muscle only are considered, and blood-vessels and nerves are left out of sight.

19. Carved and manufactured splints generally fit nobody, and are to be rejected as not only expensive but damaging. Deal board, paste-board, and the materials for the plastic apparatus form all the appliances needed by a surgeon.

20. The application of a bandage immediately to the skin, whether as a protective or to prevent muscular spasm, has resulted in such disaster that it is one of the curiosities of surgery how it could be repeated at this day. When cotton is placed *over* such a bandage it forms an absurdity scarcely credible in a man of ordinary sense.

21. Evenness or pressure is only to be obtained by the proper lining of the splints or retaining apparatus with cotton, or in the case of compound fracture with oakum. The method of padding splints, or protecting limbs with folded lint, blanket, etc., is not only vastly inferior, but generally results in discomfort to the patient, from the close packing of the material.

22. The cotton to be used is preferably known as "batting"—"wadding" is inferior. It is of prime importance to use proper batting whenever it can be obtained. It varies greatly in quality, and only the best should be used. This is smooth, easily separated in layers, and free from foreign substances, which produce inequalities and irritation. The layers should be unbroken. It is next to impossible to make an even dressing with the broken bits which the housewife so often offers to the surgeon. It should be freely used, especially over bony prominences. A fracture in the thigh of ordinary dimensions, will generally require a "pound-roll." It is to be smoothly and evenly applied. For convenience it may be held in site while the rest of the dressing is applied by ordinary sewing-thread which does not constrict.

23. Continued extension and counter-extension are as a rule not necessary to prevent shortening in fractures. This is best done by removing the causes which lead to muscular spasm: first, by early interference; second, by as complete reposition of the fragments as possible; third, by the smooth application of cotton batting to the limb; fourth, by the equal pressure of the bandage going from the distal end of the limb to a point beyond the joint above the fracture; fifth, by the accurate fitting of the splints or plastic material for support; sixth, by as little interference afterwards as possible.

24. Angular deformity is best overcome by the same measures as are used in longitudinal deformity. Compresses are to be avoided as insufficient and unsurgical.

25. Bandages are made of cotton or cheap flannel (preferable for the cotton in it), with the selvage torn off, and thoroughly shrunk.

26. Plastic material consists of cotton, bandages, plaster-of-paris, eggs and flour, starch, liquid glass, etc.

27. Comfort is the sign that a fracture has been properly dressed. A certain amount of soreness may be felt after any fracture, and with some temperaments pain may be present even when the fracture is properly dressed; but the general law is that pain should speedily subside when the dressings are not at fault.

28. Frequent dressings of fractures for the purpose of examination are not only useless but hurtful.

29. Whenever it is possible, after the dressing of a fracture, it should be seen again in a few hours, and the case should receive daily attention in its earlier stages.

30. The surgeon is to regard not only the welfare of his patient, but his own reputation. To this end he ought to give fair warning as to possible ill results. As suits for malpractice have arisen oftener from fracture-cases than any other kind, it will be remembered there is one thing which the law is slow to excuse—neglect.

31. If there be a consultation between two physicians in a fracture-case, and a difference of opinion in regard to treatment arise, one should yield. Compromises in cases of this kind are apt to result badly, while fractures may do well under almost any reputable method properly pursued.

32. If in case of fracture a consultation is called of a surgeon by one who does not make special pretensions to the art, he should resign to him the conduct of the case, as on him will rest the responsibility of the out-come. In other words, he who "sets" the fracture, not he who watches it, is charged with the result.

33. Whenever a fracture occurs every physician in the community within reach is summoned. The doctor should therefore be ready to treat such cases not only for the comfort of the patient, but for his own profit.

FRACTURES OF THE FOREARM.

34. There is but one mode of dressing necessary for all fractures of the forearm, whether these be of one bone or of both, and whatever be their situation.

Method of Dressing.—The pieces for dressing a fractured forearm consist, first, of cotton-batting; second, of light wooden splints; third, of bandages. The splints should extend from the elbow to the tips of the fingers; they should be a trifle wider than the wrist, to prevent lateral pressure upon the bones and the obliteration of the interosseous space; they should not be much wider, else lateral displacement may occur. For convenience they may be shaped to the arm and hand. It will always be found more convenient to envelop the arm with the cotton, instead of padding the splints with the same; and where splints are padded with the cotton it is always better to fasten this material by a few turns of ordinary sewing thread. The method of padding splints by securing the

cotton with bandages interferes greatly with their plasticity and comfort.

The bones having been put in apposition by gentle extension, and the splints secured to the palmer and dorsal aspect of the arm by proper bandaging from tips of fingers to elbow, the arm is to be placed in a sling, with thumb pointing upwards, in which position the bones are half way between supination and pronation, and the interosseous space is well preserved.

The dressing, when fitted for fracture of the forearm, is not to be removed, if comfort declares that it is properly doing its work, for a week or ten days, when the splints are to be shortened, so that they shall not reach beyond the roots of the fingers—and these are to be exercised frequently to prevent stiffness.

The interosseous pad, formerly considered necessary to preserve the interosseous space, is very nearly obsolete, and should be entirely so.

35. The Pistol-splint does nothing toward preserving the interosseous space.

36. The complicated dressings for Colles' fracture of the radius are not called for, and such dressings as include a compress to correct deformity are to be condemned as unsurgical, not only at the wrist, but any where.

37. In Colles' fracture, after union has taken place, there frequently remains some of its characteristic deformity. In the young thisgenerally disappears under the play of the muscles, or sometimes in bone recently united, it may be remedied by actual compression.

38. A common result in Colles' fracture, and in fractures near the wrist in adults, and especially in the aged, is a severe and persistent neuralgia. It is best treated by the hot-water douche.

39. In fractures of both bones of the arm, and frequently after fracture of one bone, after union there is a bowing of the forearm always toward the ulnar side. Sometimes this is chiefly apparent, often real. It will frequently disappear, even when excessive, under the play of the muscles, especially in the young.

40. Stiffness of the tendons and of the wrist-joint are not confined to Colles' fracture, but may occur with other fractures of the arm. Massage and passive motion will generally effect relief.

41. Many physicians do not have clear ideas concerning the fitting of a sling. It should always be worn so that the straight side comes to the hand, and the angle to the elbow.

42. Fractures of the bones of the hand are best treated like fractures of the arm.

FRACTURES NEAR THE ELBOW.

43. Every injury, save fractured olecranon, near the elbow-joint, whether it be fracture or dislocation, should be dressed with rectangular splints.

Method of Dressing.—The rectangular splints for the elbow are best made from pasteboard. The limb from the fingers to the shoulder is to be enveloped in cotton; the splints, moistened in in water, are to be applied latterally, molded and confined with bandage from hand to shoulder. At the end of a week or ten days they are to be removed, and passive motion to be gently instituted, and this had best be repeated every second or third day during the progress of the treatment.

Rectangular splints are called for in injuries near the elbow, as effecting in the best manner immobilization; and, secondly, should anchylosis result from the injury they preserve the arm in the best possible shape for its future usefulness.

44. More or less stiffness of the elbow is to be expected in every fracure occurring near this joint. If the fracture be through either condyle it can not well be avoided, as passive motion in such cases, when early instituted, is liable to prevent union of the bone; but if the bone be broken above the condyles, it can frequently be prevented by careful treatment.

45. Where decided stiffness has persisted for some time after the union of fracture near the elbow, much can be done for its relief by passive motion and massage, if faithfully pursued.

46. In fracture of the olecranon where there is no separation of the fragment, owing to the fact that the fibrous expansion of the triceps is unbroken, the arm may be dressed in an angular position. In fracture with separation of the fragments of this bone, it is necessary for their apposition that the arm be dressed in an almost straight position, but the earliest possible moment should be seized to bring the arm back to an angular position, that anchylosis may not occur with the arm straight and useless.

FRACTURES OF HUMERUS.

47. Fractures of the humerus in the lower half are best treated by rectangular splints, as in fractures of the elbow. Fractures of the upper end require shoulder-cap, the spica, etc.

Method of Dressing Fractures in Upper End of Humerus.—Fractures of the upper end of the humerus, including fractures of the shaft, surgical and anatomical neck, are dressed, first, by enveloping the limb from hand to shoulder with cotton; second, by bandaging from hand to upper arm; third, by fitting cap to shoulder, and over this carrying the spica bandage. The body of the patient acts as the inside splint, the hollow being filled with a folded towel, and the arm is secured to the side by additional turns of the bandage, the forearm supported in sling.

48. Stiff joint at the shoulder is not liable to occur in extra capsular fracture.

FRACTURE OF CLAVICLE.

49. Two methods of dressing a fractured clavicle are worthy of chief consideration. These are: first, for temporary purposes, an

ordinary sling, lifting forearm to an acute angle across the breast, with a band passing around the body, confining the arm closely to the side. For a permanent dressing Sayre's method, by adhesive strips, is the most convenient and efficient.

50. Whenever the clavicle is broken at its great convexity, and shows the characteristic deformity, perfect apposition is difficult to effect, or to maintain, and deformity will remain to a greater or less degree after union has taken place. It is more likely to be prevented by keeping the patient in a recumbent posture, or by using means to fix the scapula.

51. Fractures of the outer third of the clavicle are frequently overlooked by physicians, the injury being mistaken for a sprain. Displacement is not liable to occur in this situation, and crepitus is difficult to elicit. Wherever, after a fall or other injury, sharp pain is developed by pressure upon the outer third of the clavicle, fracture at this point is to be suspected.

52. The axillary pad in Fox's apparatus can not be worn with comfort, and is of very doubtful utility.

FRACTURES OF THE RIBS.

53. In fractures of the ribs the jack-towel, or better the roller, is our chief reliance. Anhesive strips or collodion and gauze, over and around the seat of fracture, are generally not practicable, and not always efficient to conquer pain, which is the main thing we are to attack.

FRACTURES OF THE JAW.

54. In fractures of the jaw our chief reliance is in Barton's, Gibson's, or the four-tail bandage, and soft food. Internal apparatus (inter-dental splints or tying the teeth together) practically amounts to little.

FRACTURES OF THE NOSE.

55. In fractures of the nose the main thing is early interference, and reposition of the fragments. Apparatus to keep the bones in place afterward are principally theoretical.

FRACTURES OF THE PELVIS.

56. In fractures of the pelvis our chief reliance is in relaxation of the abdominal muscles, and control of these from spasm from cough, etc. This is best done by the inclined plane and anodynes.

FRACTURES OF THE LOWER EXTREMITY.

57. The proper dressing for every fracture of the lower extremity is the plastic apparatus.

Method of making Plastic Apparatus.—In all cases the cotton should come first; next, thread holding it in place till it can be secured evenly by bandages, and on top of this the stiffening material.

Plaster-of-paris.—To be fresh, finely ground (dental plaster), and well rubbed into slazy bandages of cheese lining, not more than three yards long, these to be dipped in water and applied in two or three layers over limb.

Flour and Eggs.—Whites to be well separated from fresh eggs, and thoroughly beaten to a froth; sifted flour to be stirred in to make a paste, which is to be rubbed into cotton bandages as they are caried over the limb, in three or four layers.

Starch.—Method of application the same, except it generally requires the addition of splints for proper stiffness.

58. The plastic apparatus in fractures of the lower extremity is not only the best of dressing, but most comfortable to patient and surgeon.

59. Failure or disaster with the plastic apparatus in fractures of the lower extremity has been due generally to its improper application, or to causes which would have operated had it not been used.

60. The chief causes of failure with the plastic apparatus have been: first, the absence of cotton as a foundation, or its scant or irregular application; second, unequal pressure of retaining bandages; third, improper material; fourth, neglect to secure the upper joint, especially a neglect of the *spica in fracture of the thigh.*

61. Under the properly applied plastic apparatus, swelling is not liable to occur.

62. In recent fracture, and above all in compound fracture, plaster-of paris is to be preferred in the manufacture of the plastic apparatus. After union has taken place, other materials may be used from consideration of lightness, etc.

63. Plaster-of-paris bandages are generally sufficiently firm for their purposes inside of thirty minutes; the flour and egg mixture within twelve hours, with manilla paper somewhat earlier; prepared chalk and gum, ozide of zinc and glue,and starch seldom harden under forty-eight to seventy hours.

64. Particular care should be taken to keep the foot at right-angles during the application of the plastic apparatus.

65. In compound fracture it is not necessary, as a general thing, to cut a trap in the apparatus under a week or a fortnight.

66. The "burning heel," which is so apt to come on soon after the application of the plastic apparatus, is best remedied by shifting the position of the limb. It seldom requires a division of the apparatus.

67. The plastic apparatus is to be cut and tied with loop bandages, when from force of circumstances the surgeon can not watch it, or for swelling or shrinking of limb, otherwise it may pass on to the end unopened.

68. While it is possible for the patient to be moved immediately after the application of the plastic apparatus to the lower extremity, and even for him to go on crutches, he is best in bed during the earlier stages of his treatment.

69. It is possible, but not probable, that fractures of the thigh may heal without shortening.

70. It is most probable that those fractures of the thigh will heal without shortening, which occur in the young, towards the lower end of the shaft, which are dressed under an anæsthetic early, by the plastic apparatus, well applied, and carried above the pelvis; nevertheless, fractures even of the upper third in stout adults *may* so heal when dressed as above described.

71. Shortening of the lower extremity under an inch can be concealed by obliquity of pelvis, or by an additional leather or so to the heel.

72. Measurement of the lower limbs from anterior spinous process to maleolus, can not be accurately done. It is better to put one end of the tape ot the umbilicus, and carry it in succession around either foot back to the point of departure. The difference indicated in this manner is twice the difference between the lengths of the limbs.

73. In fractures of the tibia or fibula abont ankle, stiffness of this joint for several months is generally inevitable. Use and massage form the treatment.

74. In fractures of the thigh high up there is tendency of bone to bow outward. This may show itself for some time after the union of the bone. If not excessive it generally disappears under the play of the muscles.

75. If extension and counter-extension should be demanded in fractures of the lower extremity, there are but two methods worthy of consideration; one by "Buck's" weight and pulley, the other by Smith's anterior splint, or methods on the same principle.

76. Extension and counter-extension practiced by means of the long splint, perineal bands, etc., are useless. If the force is exerted sufficiently to have any influence on the muscles, the perineal band becomes unbearable. The apparatus speedily becomes disarranged, and requires constant professional supervision. Whatever use the long splint may have, is in correcting somewhat angular deformity. —*Louisville Med. News.*

———:o:———

Address of Dr. Frank H. Hamilton.

Delivered at the Woman's Hospital, New York, November 22, 1877.

Ladies and Gentlemen:

Charitable associations, like clocks, need to be cleaned, oiled and wound up occasionally, or they would exhaust the forces under which they are driven forward, and sooner or later come to a dead stop. For this purpose, as I understand it, anniversaries are contrived.

During a whole year those connected with this Hospital have been employed in bringing in the sick, warming their cold feet, and wrapping their aching hearts with words of comfort and assurance; giving water to the thirsty, food to the hungry, wine to the fainting; answering to the calls of pain, and to the complaints of the peevish, and irritable, and restless, and of those who are unable to sleep, but only to think; and now, when the hands upon the dial indicate that twelve months have passed in this unceasing labor—ticking, ticking to the motion of the restless pendulum, from morning until night, and from night until morning, through 365 days, those who are in charge admonish us that the time has arrived when, in the ordinary course of events, the wheels would cease to move unless new forces were supplied.

To this end you, the officers and contributors, with others who are supposed to be interested, are called together to-day to listen to the reports, to examine into the condition of matters generally and in detail, and to suggest and supply the wants. You will notice whether anything is worn out or out of order; whether any oil is needed to prevent friction, and then with united hands you will be called upon to wind up the main spring.

It might be well if Savings Banks and Life Insurance Companies were to imitate the example of charitable associations in this regard, and establish anniversaries for a similar purpose. If they were to do so it is probable it would not happen so often that they would need to be wound up by the courts.

In all machinery there is of necessity some friction; and the more complicated the machinery the greater will be the friction. In this Hospital, for example, there is the Board of Governors working together among themselves, the Board of Lady Managers working together among themselves, and the Board of Doctors working together in the same manner. Meanwhile each of these several boards are working with or against each other. There are the patients, also, the nurses and various other employés, constituting each a separate class, with more or less separate interests and opinions, perhaps. Each class grinding and pressing hard upon the other class, or leaning on each other for mutual support, like oxen under the yoke. To a certain extent, this pressing against each other is useful, as it tends to tighten and render compact the whole structure; and it renders the distribution of labor more equal. There can be no shirking where every one is crowded hard against his neighbor, and where every concussion is felt as in a solid body; but at the same time it causes dangerous friction, and hence the necessity for oil.

It was the original purpose of the founders of this Hospital to provide a place for women who were afflicted with certain maladies requiring for their relief the best surgical talents and skill, and also the most careful nursing—such only as experienced nurses could supply—and for those women only who had not the means to pay for

such skill and service elsewhere, many of whom, therefore, had hitherto failed to obtain relief. This is still the great and benevolent purpose for which the Hospital is sustained from year to year, and constitutes its chief, if not its sole claim upon the charities of the public. If, up to the present time the original intention is not fully carried out, and a large portion of the building is given up to private and paying patients, the apology which must be offered is that hitherto its resources have been limited, and the paying patients have been admitted as a means of supplementing the resources, and of thus aiding in the support of the free beds.

In the few simple, and perhaps, wholly unnecessary, suggestions which I am about to make in relation to the working and management of this Hospital, and the character and conduct of its patients, this audience will understand that they have no intended reference or application to any except the free wards. That portion devoted to the paying patients is essentially a well appointed hotel, and so long as the guests have the means to pay they are not likely to suffer; when their pecuniary help is not needed none but the poor will be admitted.

The nurses, and all who attend upon the sick, ought to be kind and attentive.

This observation seems almost superfluous; but I am speaking now of the means to be employed to enable this, or any other Hospital of Charity to perform the humane intentions of its founders or supporters properly—to do the most good, and to pour the oil where it is most needed—and I naturally begin with the immediate attendants, because they are in the most close and constant contact with the sick, and so much of the comfort depends upon their intelligent and sympathetic administrations.

I am aware that the duties of this class are often very arduous and poorly paid, more so, perhaps, than the labors of any other class connected with a hospital; and they must necessarily find themselves not unfrequently scarcely equal to the tasks imposed upon them; but then what may be properly required of them is. that they shall, at all times, control their own conduct, whether they are able to control the conduct of their patients or not. Under no circumstances ought an attendant be permitted to speak harshly or in passion to a sick person, especially if the patient is poor and dependent upon the charity of the Hospital. There is no need of this caution so far as the treatment of the rich is concerned. As I have before intimated, their money can always insure kind words; but the sick poor cannot buy either good services or kind words. They are, also, in consequence of their dependence, exceedingly sensitive and jealous of neglect.

There is, however, I may be permitted to say in this connection, one popular error in reference to these people, namely, that they are also "ungrateful." This is not my experience. On the contrary, as a rule, they are patient under suffering, and more grateful for

services than the rich. The difficulty is, that we do not understand them; nor do they understand us, who would gladly do them a service. They are apt to think that, to a very great extent, all their mishaps and wrongs in life come from the avarice and selfishness of the rich, and that all the world is in league to oppress and rob them. This sentiment they carry everywhere with them, even into the hospitals of charity. They cannot be easily made to believe that they have any true friends, such as would do them an act of kindness or of benevolence without some selfish motive. They have not generally known, and it would surprise them to learn, that the doctor and you, good ladies and gentlemen, were not in some way paid for the services here given. But, if ever they become convinced, by your manner or by your unremitting kindness, that you are sincere in your efforts to serve them, their gratitude will be worth all the money and labor it has cost to secure it.

I have yet, after all my long experience in hospital life, to meet with a patient who could not be subdued and won by kindness; and, in my opinion, it ought to be an established rule, in all hospitals, that no attendant should ever address the patient in a tone of anger or of impatience, or of disrespect even, no matter how great the provocation.

It is because this is not always the established rule, and because, in many elemsoynary establishments the rule is quite the other way, that poor Mrs. Betty Higden had "run from it so many a year." The poor soul had probably had some brief experience at some time in her life in an alms-house or a Charity Hospital, and she knew that, although everything looked so sunny and green and pretty outside the great house, with its graveled walks and flowers and fountains, yet she had been chilled and almost frozen to death by the cold hearts inside.

"Its been chasing me all my life," said Betty, "but it shall never take me or mine alive;" and when pressed to take her precious little Johnny to the Hospital, she turned upon those whom she had just thought her friends like a wild animal at bay. "Ive done with ye. I would have fastened doors and windows and starved out 'fore I'd ever let you in. if I had known what you came for."

But catching sight of Mrs. Boffin's wholesome face, she suddenly relented, melting as under the influence of a sunbeam; and when the sweet, compassionate soul explained to her that she proposed to send little Johnny to a place where everybody did everything in their power to please and comfort and cure children, she asked with a gaze or wonder, "Is there then, really, such a place?" "Yes, Betty, on my word, and you shall see it." "You shall take him" (returned Betty, fervently kissing the comforting hand) "where you will, my deary." Mrs. Boffin had found the key to her heart and confidence very unexpectedly, and come what would Betty would never lose confidence in her again.

Ladies and gentlemen, this is pretty much always the way. The

poor are are not so ungrateful as the world—I mean that portion of the world which is to-day uppermost—supposes them to be. When the world turns over, and those who are uppermost are undermost, the opinion of both classes may be changed.

My audience will excuse me, but I am very fond of reading Mr. Dickens' sermons, and there is in the briefer life of little Johnny another sermon, which it might be well to read, if our time would permit, although you have no doubt all read and wept over it before. It teaches that the sick, even the sick children in a charity hospital, may have their death beds made soft and their hearts made happy by those who attend upon them. And that they sympathize with each other, and often comfort and enrich themselves by pouring into each other's broken pitcher.

Those who minister at a sick bed, let me add, in continuation of my theme, should not wear an expression of solemnity nor of sadness; nor, on the other hand, should they indulge in unseemly levity; but they should carry always with them the oil of gladness and the refreshing light which always comes perpetually from a pleasant face.

Above all, means must be devised to prevent these unfortunate people from thinking. If only they could cease to think! Then they could sleep and eat, and the doctor's skill and anxious cares would be repaid by their speedy recovery. There is no medicine for the sick poor equal to forgetfulness of the past, of the present and of the future. Blessed is the man who has devised a cure for thinking.

Permit me to illustrate, by a single example, the value of forgetfulness as a means of curing purely physical maladies.

During one of those severe winters to which Buffalo is subject, and while in the performance of my regular duties at the Hospital of the Sisters of Charity in that city, I found one morning a little creature, composed of skin and bones, having three or four large starvation ulcers upon its face, lying upon its side in a corner bed, with its large blue eyes gazing steadily at the wall.

The sister in charge said that she had been left the day before by her mother, a very poor, industrious and temperate woman, but who for want of work, had been obliged to feed herself and her three children nearly all the winter on Indian corn meal, and of that they had very often not enough to appease their hunger. The parting with the mother had been painful and prolonged. The mother weeping, and the child striving with all its little remaining strength to maintain its grasp upon its mother's neck; and when at last the separation was effected and the mother was gone, the child sank as if from sheer exhaustion and despair, and permitted herself without opposition, to be undressed and put into bed, where, turning at once upon her side, she had lain all night with her eyes wide open and directed to the wall, shedding no tears,

making no noise, and refusing obstinately to take either food, drink or medicine.

I do not think I then fully understood the case, but after I had left the hospital it came to me that probably she was thinking and that she needed diversion. My wife, to whom I related the incident, confirmed me in this opinion, and at her suggestion a doll with blonde hair was dressed with great judgment and exquisite taste, with plenty of blue, red and yellow ribbons, arranged in most violent and attractive contrasts.

Provided with this new medicine, which, I am sorry to say, is not mentioned in any of the works on materia medica, I visited the hospital early on the following morning. As I had anticipated, the condition of the child had not changed. During more than thirty-six hours she had lain in the same position, refusing to take anything which was offered to her, paying no attention to anything that was said to her, but gazing steadily at the dead wall. She was still thinking of her mother, of her little straw pallet, where she and her little sisters had lain huddled together to keep warm, of the bundle of stuffed rags which she used to nurse and pretend to feed, but which must now be starving, like herself, for want of food. She was thinking, probably of her dear home—as dear to her as yours is to you—from which she had been taken forcibly and placed in the hands of utter strangers.

It was my happy privilege to witness the result of our experiment with the new medicine. The doll with its blonde hair and its many colored ribbons and streamers was held between the great blue eyes and the wall, and after it had remained but a moment, one little skeleton hand came out slowly from under the cover, and the doll with its ribbons was drawn into the bed. We left her now to meditate upon, and become better acquainted with her splendid acquisition. When I returned from my walk through the wards, she had turned upon her back, and the doll was reposing upon her bosom, but not out of sight.

On the following day the mother—for the waif had now been fully adopted—was sitting up, supported by pillows, nursing the baby. She had slept well, and eaten more, the sister thought, than she ought to have eaten—less from a real sense of hunger, perhaps, than because her maternal instincts had taught her that she had now to provide nourishment for two instead of one.

From this day her recovery was rapid and complete.

If I have anything more to say on the matter of "oil,"—of the different qualities and uses of which I have spoken so much at length because of its great importance;—if I have anything more to say upon this subject, it is, that friction will be diminished very much in an institution like this, if every one attends strictly to his own business. The duties of all having been, as far as possible, carefully defined, let no man look to the right or to the left, but only forward, in the line of his own peculiar duties

This is the only way in which one can be sure of doing his own work well, and avoid obstructing the work of others. If any one is appointed to supervise and control the entire machinery, let him do it as well as he can; but I cannot conceive of any single person, being at the same time, a doctor, a financier, an architect, and a housekeeper.

Do not trouble yourselves especially about the peculiar ways in which others do their work. No two work alike, or think exactly alike in this world. Some are a bit too quick or fast, and some are a bit too slow; some are too forword, and others too backward; some too conceited, and others too humble; some too talkative, and some too reticent and secretive; some dress too much, and others too little; but it would be a sad state of human affairs if we were forbidden to enjoy at least one of these or other similar pet "infirmities," since most of us have two or more, natural or acquired, to be deprived of which would make us very uncomfortable, if not actually miserable.

Last of all, ladies and gentlemen, I am expected to call your attention to the main spring, called, in the language of commerce, "money." In this world, nothing moves without money. It is force! No matter how much oil you pour upon the wheels and axles, money is the main spring, and without it the machinery will stop. Money lifted every stone of these handsome buildings to its bed; and without money they would soon become empty ruins.

I believe it is always calculated that the main spring has length and strength enough to carry the Hospital beyond the twelve months; but to make sure for the year, it must be wound up now, and especially if you propose to increase the number of free beds, as I understand you do. I congratulate you, and all who are interested, upon that decision, for it is the only true foundation for a hospital to stand upon. Hospitals are seldom or never needed for any other purpose than to take care of the poor. If you expect to make this Hospital pay for all the trouble and money it has cost you, or for all that it may hereafter cost you, make every bed free, and fill it with poor people who cannot get help anywhere else, and there are plenty of them. Your beds will never be empty. We shall always be blessed with the poor; who will pay richly in gratitude, if you can only learn to touch the secret springs which unlock their deep and long pent-up reservoirs.

No one person is equal to the work now in hand, but at the main spring, women generally show more strength and endurance than men. I have seen a woman who looked to me incapable of much physical effort, unlock the crooked and almost anchylosed fingers of a strong man, and take from his grasp a sum of money which he had no power of his own to relinquish, and no other man could have taken it from him. That was strange, was it not? Yet it is true; and I never saw the explanation of the trick, nor do I think the man did himself.

God bless you, ladies and gentlemen, for all you have done for suffering women in the erection and maintenance of this noble Hospital. It is one of the signs of progressive civilization when women are appreciated, and when they are made the special objects of our tenderest care. They constitute the moral leaven of this world. They are the most patient under suffering—the most dependent and helpless in misfortune of the two sexes; and if this Hospital is intended, on the part of my own sex, as a token of the debt of gratitude which we, and the world generally, owe to her, it ought to be large and free, and it should be maintained with a princely liberality.

———:o:———

DIALYSED IRON IN ARSENICAL POISONING.—The administration of dialysed iron as an antidote for arsenical poisoning should be followed immediately by a teaspoonful or more of common salt, thus insuring the formation of the ferric hydrate and the consequent neutralization of the poison. This should at once be followed by an emetic, as the action of the ferric hydrate on the arsenic is not to coagulate it, but to form a perfectly definite chemical salt known as the arsenite of iron (ferric arsenite), which, though practically insoluble, is far from being harmless.—*R. V. Mattison, Ph. G., in Phila. Med. Times.*

———:o:———

EDITORIAL.

Buffalo Medical College Commencement.

The Thirty-second Annual Commencement of the Medical Department of the University of Buffalo was held at St. James Hall on the evening of Feb. 26th. The examination by the Curators, of those recommended for the Degree was held at the College from ten A. M. till two P. M. The following is a report of their conclusion as presented to the Council of the University:—

UNIVERSITY OF BUFFALO, MEDICAL DEPT.
BUFFALO, N. Y., Feb. 26. 1878.

To the Council of the University;

The undersigned, Curators, and the members of the Faculty of the University of Buffalo, recommend the following candidates for the degree of M. D. to the Council, they having passed the requisite examination:

J. B. Samo,	C. C. Wyckoff,	R. J. Menzie,	Jas. W. Craig,
W. W. Potter,	G. H. Lapham,	H. P. Hall,	Wm. Chase,
Edw. Storck,	S. H. Benton.		

THOS. F. ROCHESTER, Dean.

E. V. STODDARD, Secretary.

James Harvey Wright, Buffalo, N. Y. Wm. Ledmon Allen, Ridgeway, Ont. Chas. G. Stockton, Capeville, Va. Thos. Moore Rochester, Rochester, N. Y. John Henry Sackrider, East Randolph, N. Y. John Norcross Culbertson, Buffalo, N. Y. Ernest Wende, Millgrove, N. Y. Willis Mather Baker, Corry, Pa. Ralph DeWitt Eastman, Berkshire, N. Y. Chas. Franklin Howard, Buffalo, N. Y. Chas. Lee Van Pelt, Williamsville, N. Y. Weston Dean Bidaman, Buffalo, N. Y. Edgar Rood, Cherry Creek, N. Y. Seba Samuel Bedient, Little Valley, N. Y. DeWitt John Phillips, Oswego, N. Y. Daniel Ervin Fuller, Kenyonville, N. Y. Eugene Edward Storck, Buffalo, N. Y. John Harding, Hume, N. Y. John Frank Pratt, Mayville, N. Y. Delevan Edwin Blackman, Stockton, N. Y, Benjamin Samuel Swetland, Portland, N. Y. Richard Mott Moore, Rochester, N. Y. John Jordan Lenhart, Ellery, N. Y. Augustus Reginald Davidson, Buffalo, N. Y. Edward Moore Tompkins, Knowlesville, N.Y, Augustus Frank Miller, Lancaster, N. Y. Chauncey Abbey Rood, Cherry Creek, N.Y. James Vosburg Otto, Port Allegheney, Pa. Elijah Elliott Johnston, Stevensville, Can. James Russell Whitwood, Friendship, N. Y. George Washington Richardson, Suspension Bridge, N. Y. David Christian Eisbein, Buffalo, N. Y. Edward Hurlbert Ballou, Clarence, N. Y. Malcolm Wayne Smith, Angola, N. Y. Fred William Sweetland, Edwardsburg, Mich. Oscar Joab Stafford, Canajoharie, N. Y. Charles Arthur Ring, Buffalo, N. Y. James Christian Spiegel, Utica, N. Y. Jason Thomas Waid, Spartansburg, Pa. Oliver Hendrickson Simons, Jamestown, N. Y. Frank Wesley Sweetland, Edwardsburg, Mich. Cyrus Augustus Haskins, Benezette, Pa.

At the meeting of the Council to which the above report was presented, Prof. J. F. Miner read the following memorial:

Mr. President and Gentlemen of the Council:

Allow me to remind you that since our last annual meeting and during the present session, our College has lost by death two of the beloved and respected members of the faculty, Prof. Geo. Hadley, in the very height of professional distinction and usefulness, and Prof. Milton G. Potter, in the prime and vigor of early manhood. This sad and unusual occurrence deserves more than a passing notice, but it is impossible at this time to do other than give, as I may be able in a few words, expression of our deep sense of bereavement, our high appreciation of their services, of their devotion to the Medical College, to science, to truth and to mankind; a devotion so large and true as to secure for them a warm place in the hearts of their colleagues, and of every lover of medical progress and true manhood.

Prof. Hadley was one of the founders and life-long supporters of this institution, who by years of study and experience had attained eminence in his department, thus adding much to its credit and reputation. Prof. Milton G. Potter, though young in years, by his energy, earnestness and devotion to his profession, had already acquired an enviable reputation, and gave promise of great future usefulness and distinction.

The simple mention of these names brings to the members of the Faculty the kindest recollections—the deepest, truest sense of sorrow as for men who were able, earnest, faithful teachers; true, warm friends, beloved and respected in all the departments of life, associates of whom we are justly proud, who have left examples of professional and moral worth to be emulated by those of us who are

"Only waiting till the shadows
Are a little longer grown;
Only waiting till the glimmer
Of the day's last beam is flown."

The address to the graduating class was delivered by Prof. Wm. B. Wright, M. D., of the State Normal School and was an effort at once thoughtful, full of grace and power. We regret very much that lack of space prevents the publication of this charge to the young men. It will be found in full in the Buffalo papers of the 27th.

Previous to Prof. Wright's address the degrees were conferred to the graduating class by Hon. O. H. Marshall, President of the Council of the University.

The Alumni Meeting.

In conjunction with the Commencement the Fourth Annual Meeting of the Association of the Alumni and Officers of the College was held. The meeting was called to order in the College Museum at ten A. M. by the retiring President, Dr. W. W. Potter, of Batavia, N. Y., who introduced the President-elect, Dr. S. H. Benton, of Corry, Pa. After a brief Inaugural Dr. Benton declared the meeting open for the transaction of business and introduced Prof. Rochester, who in a hearty manner welcomed the Alumni back to the halls of *Alma Mater*. The morning session was occupied with the transaction of routine business such as the appointment of committees, hearing of reports, etc., etc. At three P. M. the Alumni again assembled and were favored with two very interesting papers, one upon Antiseptic Surgery by Dr. C. B. Kibler of Corry, Pa., the other upon Thrombosis and Embolism by Dr. W. W. Miner. A memorial of the late Prof. Milton G. Potter was also read to the assembled Alumni, and to the members of the Erie County Medical Society, before which body it was to have been presented by appointment on the twenty-first.

The valedictory address of the President Dr. S. H. Benton, to whose remarks any synopsis which we can present would not do justice, was presented at the conclusion of the meeting. Before adjournment the following officers were elected for the ensuing year:—

President—Dr. Milan Baker, Warsaw, N. Y.
1st Vice President—Dr. D. W. Harrington, Buffalo.
2d " " Dr. C. B. Kibler, Corry, Pa.
3d " " Dr. E. C. W O'Brien, Buffalo.
4th " " Dr. G. W. Barr, Titusville, Pa.
5th " " Dr. P. H. Flood, Elmira, N. Y.
Secretary—Dr. Wm. C. Phelps, Buffalo.

TRUSTEES.

For four years—Dr. Wm. Ring, Buffalo.
For five years—Dr. C. C. Wyckoff, Buffalo.

EXECUTIVE COMMITTEE.

Dr. A. H. Briggs, Buffalo.
Dr. W. W. Potter, Batavia, N. Y.
Dr. E. N. Brush, Buffalo.
Dean and President *ex-officio.*

At the conclusion of the Commencement Exercises at St. James Hall, Dr. Chas. Cary delivered the annual address to the Alumni. Dr. Cary's remarks, which we are also obliged to omit, were listened to with marked attention and elicited from the audience and his fellow Alumni the heartiest applause. At the conclusion of Dr. Cary's address the benediction was pronounced by Rev. D. R. Frazer, and the Faculty, Curators and Alumni, with their friends adjourned to the Ocean House, where the Annual Alumni Banquet was spread. No report of ours can give any just conception of the interesting and jolly time which now followed. Suffice it to say that "the feast of reason and flow of soul" were uninterrupted till an early morning hour. These annual gatherings are becoming a feature of Commencement time which add largely to its enjoyment, and we hope to see them long continued.

E. N. B.

OBITUARIES.

Died, at his home in this city on Monday, January 28th, 1878, Professor MILTON G. POTTER, M. D., in the thirty-fifth year of his age.

Tuesday evening, January 29th 1878 a largely attended meeting of the Erie County Medical Society was held at the College building, to take action in reference to the death of Dr. Milton Grosvenor Potter, the President, Dr. E. Storck in the chair, and Dr. D. W. Harrington at his post as Secretary.

Upon calling the meeting to order, the President, DR. E. STORCK, said that in paying tribute to the memory of Dr. Potter, he was reminded that the deceased was the representative of the younger practitioners in Buffalo. Though a young physician, he had attained a standing of which he could well feel proud. He was an ardent student as well as a conscientious practitioner and able teacher, and his memory is dear to all, "the life of the dead is in the memory of the living."

Dr. Storck was followed by PROF. WHITE, who said that he regarded Dr. Potter as his child. His professional attainments and success as a practitioner were extraordinary. As a teacher he was brilliant, and taught more effectually and thoroughly than any of his predecessors in the faculty. He siezed all the salient points, dwelt upon and reiterated them until they were fairly imbedded in the memory of those he taughl. By

his class he was always loved, and his future was foreshadowed in the oration delivered by him at the time he graduated. He sacrificed him self to what he thought to be a duty. To the speaker he was endeared by many ties. They had been constant companions for several years, traveling in various parts of the States of New York, Michigan and Rhode Island; and Prof. White knew him but to love him. He was eminently qualified for a surgeon; cool, ready, clear-headed, sagacious in diagnosis, prompt in execution. The speaker never saw a man upon whom more reliance could be placed in important and difficult operations. His duties as Dean of the Faculty added to his labors as Professor of Anatomy, and in the spring of 1875, at the conclusion of the course, he was overwhelmed with nervous prostration. Disregarding the admonitions of himself and others, after a brief interval he continued his labors and delivered the course for 1875 and 1876 with difficulty, in consequence of great nervous exhaustion and physical disability.

After mature consultation it was deemed important that he should rest and try the effect of change of climate. In the latter part of last summer he returned to Buffalo, resumed his professional pursuits, and in the fall commenced the delivery of his lectures with more than his ordinary zeal and thoroughness. Heroically he struggled on, never flagging in his labors until December, when he was compelled reluctantly to yield to the overwhelming prostration incident to the progress of his disease.

From that time he was a great sufferer notwithstanding every effort which his physician, Dr. Rochester, aided by the speaker and his other colleagues put forth, he rapidly failed in strength until the morning of January 28th, when death closed the scene. With a comfortable, religious and holy hope as to the future, and without murmuring that his earthly career was thus prematurely ended, he passed peacefully to rest.

Remarks were then made by Prof. Rochester, Dr. Abbott, Dr. Elwood, Dr. J. S. Smith, Dr. Phelps and Dr. O'Brien. At the conclusion of Dr. O'Brien's remarks, resolutions were adopted that the society attend the funeral of Dr. Potter in a body and that Dr. E. N. Brush be requested to prepare an eulogium upon Dr. Potter, to be read at some future meeting.

———:o:———

It is with sincere regret and the most heartfelt sorrow that we record the death of Prof. E. R. PEASLEE, of New York, which occurred at his residence in that city on the 21st of January, of pleuro-pneumonia. Prof. Peaslee was born in Newton, N. H. January 22d, 1814, and had consequently just reached the close of his sixty-fourth year. His academic education was received at Dartmouth College, from which institution he graduated in 1836. In 1840 he received his degree of Doctor in Medicine at the Yale Medical School, and in the following year he commenced the practice of his profession at Hanover, N. H. In 1842 he was made Professor of Anatomy and Physiology at Dartmouth, where he had lectured on these subjects the year previous. This

chair he held until 1870. He was made lecturer on Anatomy and Surgery at Bowdoin College in 1843, and held the Professorship of these subjects, there, from 1845 to 1857, from which time until 1870 he occupied the chair of Surgery only.

Prof. Peaslee in 1851 was elected to the chair of Physiology and General Pathology in the New Medical College, and from 1858 to 1860, occupied the chair of Obstetrics at the same institution. The degree of Doctor of Laws was conferred upon him by his *Alma Mater*, Dartmouth in 1859.

It was in the department of Gynæcology that Prof. Peaslee made his most extended reputation. He was made Professor of Gynæcology at Dartmouth in 1872, and at Bellevue in 1874. We believe he also delivered one or two courses of lectures on this subject at the Albany Medical College.

In 1858 Prof. Peaslee moved to New York, where he has since continued to reside. He was held in high estimation by his brethren in the Profession, and was on several occasions elected to positions of honor and trust by them. He was at one time President of the New York Academy of Medicine, was a corresponding fellow of the Obstetrical Society of Berlin, of the Gynæcological Society of Boston, and Honorary Member of the Obstetrical Societies of Philadelphia and Louisville. At the last meeting of the American Gynæcological Society he was elected President.

Prof. Peaslee was a frequent contributor to the various Medical Journals, and his contributions always carried with them the evidence of a ripe experience and a sound judgment. As one of the attending Surgeons at the New York Woman's Hospital, his opportunities for observations were varied and extensive, while his reputation as a discerning diagnostican and a careful operator, gave him a wide field in private practice. In 1857 he published a valuable work on Human Histology, which is now, we believe out of print. In 1872 the crowning work of his life appeared entitled Ovarian Tumors: Their Pathology Diagnosis and Treatment, especially by Ovariotomy. It is not too much to say of this work, that it is the most complete and the best that has been written on the subject.

The loss which the Profession and the world has sustained in the death of Prof. Peaslee cannot be filled. As a physician, as a lecturer and as a man he possessed attributes which are rarely united in one person. His heart was seemingly filled with kindness, and his gentle kindly face reflected it upon all who came in contact with him. The writer of this will long remember the kind, almost fatherly reception which he received at Prof. Peaslee's hands on first entering the Woman's Hospital, in New York. He seemed always ready to do a kind deed or speak a kind word.

In years Professor Peaslee's life was not long, but in deeds it extends far beyond that of many who have lived longer. In the memory of his professional brethren few names will be more tenderly cherished than that of

EDMUND RANDOLPH PEASLEE. B.

Books Reviewed.

Modern Medical Therapeutics: A Compend of Recent Formulæ and Specific Therapeutical Directions, from the Practice of Eminent contemporary Physicians, American and Foreign. By GEO. H. NAPHEYS, A. M., M. D. Fifth Edition Enlarged and Revised.

Modern Surgical Therapeutics: A Compend of Current Formulæ, Approved Dressings and Specific Methods for Treatment of Surgical Diseases and Injuries. By GEO. H. NAPHEYS, A. M., M.D. Revised to the most recent Date. Philadelphia: D. G. Brinton, 115 South Seventh St. 1878. Price per volume in cloth $4.00.

The former of these volumes has a reputation derived from a number of years use, while the companion volume now appears in its first edition. They are such volumes as the busy practitioner will prize most highly, as nothing but practical matter, brief, specific, and well-approved is found in them. They constitute a compend of practice in medicine and surgery, wisely made up from the best and most recent authorities. Separate sections are devoted to the different diseases and the matter which is mainly in the shape of formulæ, copied literally from the practice of various physicians named, is ample enough to cover the ground well and allow quite an opportunity of selection from varying methods and means. The previous edition of the volume on Medical Therapeutics was issued only a short time since and in this last revision the work attains the size of an octavo of nearly six hundred pages, with which the Surgical volume matches. It may be known to our readers that Dr. Napheys died before completing his preparation of the latter volume and that this labor was undertaken and completed by the editor and publisher Dr. D. G. Brinton of Philadelphia well known as the editor of the *Half Yearly Compendium of Medical Sciences.* It is sufficient to say that the work has been judiciously and thoroughly done; we recommend others to judge of the volumes for themselves. W.

Public Hygiene in America: Being the Centennial Discourse Delivered before the International Medical Congress, Philadelphia, Sept. 1876. By HENRY J. BOWDITCH, M. D. with Extracts from Correspondence from the various States. Together with a Digest of American Sanitary Law, by HENRY G. PICKERING, Esq. Boston: Little Brown & Co. London: Truebner & Co. 1877.

To one interested in sanitary science this is an exceedingly valuable volume In Hygiene there is no higher authority in America than Dr. Bowditch

Anything from his pen must claim attention not only from physicians but from the educated world The Centennial Address has already by vote of the Congress been printed in an abridged form and sent to the Governors of these States, and to those of the Provinces of Canada.

The Appendix, which comprises the larger part of the volume, is made up of extracts from letters from every part of the Union, written by physicians and others, in reply to a list of questions, framed by the author, in the interest of Public Hygiene and State or Preventive Medicine. It contains also the law of Soil Moisture as a Cause of Consumption in Massachusetts and elsewhere. It is a book which should be widely and carefully read, and its suggestions acted upon with a hearty good will and unanimity, which alone can secure the condition of high Public Health foreshadowed in the author's thought.

M. B. M.

———:o:———

Books and Pamphlets Received.

Ziemssen's Cyclopœdia, Vol. XIV. Diseases of the Nervous System. New York, Wm. Wood & Co. 1877; Buffalo, J. H. Matteson.

The Science and Art of Surgery by John Eric Erichsen F. R. S., F. R. C. S. Two Vol. Philadelphia, Henry C. Lea 1878. Buffalo, T. H. Butler.

Transactions of the American Medical Association. Vol. 28. 1877.

Transactions of the Medical Society of the State of New York. 1877.

Mortuary Statistics of the Mutual Life Ins. Co. of N. Y. Part 2.

Practical Gynæcology, by Heywood Smith M. A. M. D. Oxon. Philadelphia, Lindsay and Blakiston. 1878. Buffalo, T. H. Butler.

Handbook of the Practice of Medicine by M. Charteris, M. D. Philadelphia, Lindsay and Blakiston. 1878. Buffalo, T. H. Butler.

State Regulations of Vice by Aaron M. Powell. New York, Wood and Holbrook. 1878.

Bintz's Elements of Therapeutics. Translated by Edward I. Sparks M. A., M. B. Oxon., New York, Wm. Wood & Co. 1878. Buffalo, H. H. Otis.

Transactions of the Ohio Medical Society, 1877.

Address before the Rocky Mountain Medical Association, by J. M. Toner M. D.

Circular No. 10. Approved Plans and Specifications for Post Hospitals.

Studies in Pathological Anatomy by Francis Delafield M. D. No. 1. February 1878. New York, Wm. Wood & Co.

Landmarks Medical and Surgical by Luther Holden F. R. C. S. Philadelphia, Henry C. Lea. 1878. Buffalo, T. H. Butler.

Malaria and Struma in their relation to the Etiology of Skin Diseases, by L. P. Yandell, Jr., M. D. Louisville, Ky. Reprint from American Practitioner January, 1878.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. APRIL, 1878. No. 9.

Original Communications.

———:o:———

ART I.—*Morbus Coxarius* By EDWIN R. BARNES, M. D. Read before the Buffalo Medical Association, March 5th, 1878.

Within comparatively recent years much discussion, research and experiment have been devoted to the nature, causation and mode of treatment of the subject designated by the above title, and the result has been rejection, by the later teachers, of a theory which had long been established as unquestionable.—

That theory was that the strumous diathesis, or cachexia is the originating source of this disease, and the element to which is due its susceptive phenomena. Paget says of scrofula: "It is a state of constitution distinguished in some measure by peculiarities of appearance even during health, but much more by peculiar liability to certain diseases, including pulmonary phthisis. The chief of these 'scrofulous' diseases are various swellings of the lymphatic glands. * * * But besides these it is usual to reckon as scrofulous certain inflammations of the joints; slowly progressive 'carious' ulcerations of bones," etc. It was to this indefinite and not hopeful domain of struma that the causation of "morbus coxarius" was referred, and as a consequence the *local* treatment evolved from such a theory was insufficient and inadequate, and the great effort was expended in the hopeless attempt to overcome the con-

stitutional defect. We know how unsatisfactory were the results obtained.

I shall not attempt to review here the arguments against this theory, but simply state that the cause of this disease is now considered to be generally, if not exclusively, traumatic, and that while the disease may be developed in a child of scrofulous habit, even more readily under the same circumstances than in a healthy subject, yet it is much less apt to occur in a strumous than in a robust subject, because the more vigorous habit of the latter will be much more liable to expose it to a traumatic cause. The strumous theory, as the chief predisposing cause of the disease, having been discarded by the later writers, the local management of the lesion has assumed its proper place, and with modern surgical appliances we have been enabled to more successfully combat this previously unmanageable complaint. Erichsen says that "morbus coxarius" "is usually considered a distinct affection apart from other joint diseases," "having so many points of peculiar and serious importance," but the views which have been established as to "morbus coxarius" have likewise rescued from other joint diseases the incubus of a hopeless theory.

One evidence against the strumous or constitutional theory which it seems difficult to answer, is that a patient in an advanced stage of the disease, with general symptoms which would indicate a speedy termination of life, may, if the cause is removed, say by the exsection of the head of the femur, entirely regain his general health; a condition not to be expected from a constitutional causation.

I remember hearing Professor Markoe state many years ago, that it was his experience, that if a case of "morbus coxarius" was recovered from, it was apt to be the *last manifestation* of struma to which the subject would give expression.

Sayre remarks under this head, "Another fact worthy of consideration is that a very large proportion of cases of the disease occur in children, while the scrofulous condition is by no means so restricted. If, therefore, we still adhere to the scrofulous theory, we are forced to conclude that the diathesis, which in childhood develops itself in joint disease, manifests itself in some other way

after puberty. This I cannot believe." He is convinced that the cachectic condition so often seen is the result and not the cause of the disease.

Passing from this view of the subject and considering the disease as generally purely local in origin, I proceed to a brief reference to the anatomy of the parts most directly involved in the disease. These are, generally speaking, 1st, the os-innominatum and os-femoris, more closely, the acetabulum and the head of the femur—the latter being received into the former by an enarthrodial articulation which permits more or less movement in all directions. These latter, i. e. the os femoris and the acetabulum are cancellous in structure, are covered by a thin lamella of compact tissue, and are quite vascular and subject to inflammation. 2nd. An articular cartilage, which covers the head of the femur and the acetabulum, except at the pit called fundus acetabuli which is lined or cushioned with fat, and the depression of the head of the femur for the insertion of the ligamentum teres. 3d. The cotyloid ligament, a fibro cartilaginous rim attached to the margin of the acetabulum. 4th. The fibrinous transverse ligament, which connects the edges of the acetabular notch and forms of it a foramen for the transmission of nutrient vessels and nerves. 5th. The ligamentum teres, which is described as fibrous tissue attached to the depression in the head of the femur, and to the margins of the acetabular notch and becoming continuous with the transverse ligament, but which is also composed largely of areolar tissue and fat "encompassing the vessels and nerves passing to and from the head of the femur." 6th. The capsular ligament, reinforced by the powerful illio femoral ligament which I shall mention without description. 7th. The synovial membrane, lining the capsular ligament, reflected upon and covering the acetabulum, the ligamentum teres and part of the neck of the femur. 8th. The periosteum, limited in its approach to the joint structures by the capsular ligament with which it is supposed by some authorities to be continuous and similar. 9th. The muscles relating to this articulation, which I shall not describe further than to say that they control its movements and that their action when contracted is to cause the head to impinge more firmly upon its point of re-

sistance, the acetabulum, and *often to fix the head more or less in one position.* 10th. The epiphyseal cartilage, which before adolescence, joins the head and neck of the femur, but separates the nutrient supply of the one from that of the other. 11th. The branches of the obturator artery and nerve, which, through the ligamentum teres, nourish the imperfectly joined head of the femur.

So much for the anatomy of the joint.

It may be said that all or nearly all of these parts become directly or indirectly implicated in the disease as it progresses, and contribute to make up the *tout ensemble* of symptoms and morbid phenomena which present themselves in the different stages of its development. At whatever point *originating*, other parts soon become involved, so that it is difficult (and not practically important as regards treatment,) to decide which part becomes first affected. The authorities which I have consulted however have indicated the following four structures, any one of which may be primarily affected, viz: 1st, the periosteum, 2nd, the synovial membrane, 3d, the ligamentum teres, and 4th, the vascular supply, permeating the superficial lamellæ of the head of the femur and of the acetabulum and underlying the cartilages thereof.

In regard to the first structure, the periosteum, this is not directly connected with the joint elements involved in this disease yet it seems to be recognized as being sometimes the starting point in the series of symptoms which ensue. It is superficial over the great trochanter, liable to exposure, to changes of temperature and to blows, which may cause periostitis, hyperæmia, impaired nutrition of structures beneath it, subperiostial suppuration, and transmission of the disease to other structures.

The *synovial membrane* seems to have a considerable degree of susceptibility to morbid action, and may be deemed a seat of the primary lesion, inflammation in this membrane, though developed by other causes, is most generally produced by exposure to sudden changes of temperature, after violent exercise, this inflammation is always followed by effusion, and may be sub-acute and comparatively trivial, or very acute and tending rapidly to destructive action and the complication of other structures.

The *ligamentum teres* presents considerable claim to the first

rank as a primary lesion. From its composition it must be considered as highly susceptible to morbid action. It is subject to contusion from violence to the great trochanter, when the thigh is in position of adduction and eversion, also to violent straining from extreme motions of the joint which may produce partial or complete rupture, and separation from its attachments to bones, hence may result necrosis of the femur and the involvement of cartilaginous and other structures.

In respect to the *vascular supply in the articular lamella*, this is subject to concussion from jumping and other causes, producing rupture of some of the vessels which are situated in the bone just beneath the articular cartilage and causing an extravasation, which at first may seem slight and not very noticeable, but being subjected to continuous irritation will ultimately give rise to serious complications.

It is from one of these four sources, so far as I can learn, that the disease originates.

I now hasten on to the symptoms.—These are classified under the *three stages*, the 1st, 2nd and 3d, into which the disease is divided in accordance with its different degrees of progress. A brief descriptive definition of these stages is quite suggestive. Bauer describes the first stage as one of congestive hyperæmia; Sayre, as the stage of irritation and limited motion. The second stage is characterized as that of effusion, with apparent lengthening of the limb. The third stage, as that of ruptured capsule, with apparent shortening.

The symptoms of the first stage are often obscure, or difficult to detect with certainty, but their recognition is important, because at this stage the disease may be arrested, and all serious complications avoided. They are briefly, tenderness and pain, slight abduction and slight flexion at the knee and hip, but no eversion of the limb, a certain amount of muscular rigidity particularly of the psoas magnus, illiacus and adductus which limits attempts at adduction, abduction to a less degree, flexion and extension, and finally, atrophy of the thigh and entire limb, and perhaps, some swelling about the joint. Such, briefly are the symptoms of the first stage; I shall attempt details as to methods of examination,

but only say that *tenderness* may be recognized by manipulations about the joint, by forcibly or suddenly compressing the joint surfaces, by sweeping movements of the joint, and by observing that the patient standing naked before the surgeon, habitually throws the weight of the body upon the sound limb, causing the relaxation of the muscles on the affected side, the flattening of the natis and the lowering of the gluteo-femoral crease and rendering it more shallow.

Muscular rigidity may be observed by attempting movements of the limb with the patient reclining naked upon a smooth and unyielding surface. *Atrophy* by actual measurement. Bauer says, "The symptom of attenuation is co-ordinate with that of muscular contraction and never observed without the latter." He attributes this symptom to impeded innervation and impeded nutrition. The diminished mobility of the joint no doubt aids to produce atrophy.

As to *pain*, this may or may not be experienced in the first stage, except by motion or compression of the joint surfaces. This pain may be referred to the hip joint, or to the knee, when the disease manifests itself immediately after an injury, and the pain is immediate, constant and intense. Dr. Sayre regards the disease as due probably either to synovitis or periostitis of the great trochanter. When the pain is not developed until late in the first, or not until the second stage, he thinks the seat of the disease is in the articular lamella. In reference to the pain being referred to the knee, I would remark that in joint diseases, (as elsewhere) we recognize two kinds of pain, structural and reflex, the former emanating directly from the diseased structure, the latter proceeding in a circuitous manner from the spinal cord, and manifesting itself in parts not directly connected with the affected articulation.

The morbid impression being excited by local disturbance, is conveyed to the spinal cord, thence backward to the muscles appertaining to the affected joint, or to the next articulation as in coxalgia. The latter mode is rather an exception, and is explained thus: "that the same nerve (the obturator) supplies both joints with sensitive fibres."

It would be interesting, did time and my opportunities permit, to study more fully this subject of pain and joint disease, its in-

fluence on the actual progress of the disease, its influence in causing, in a more advanced stage, spasms, permanent rigidity or so-called contraction and structural change of muscle,—but I pass to the symptoms of the second stage. They are the same as those of the first but increase in degree. We have, as before pain, tenderness, flattening of the gluteal region, sinking of the gluteal fold, abduction, flexion, muscular rigidity and atrophy, but *more marked*, also apparent lengthening. We have in addition, *eversion* of the limb, intense reflex pains not referred to the knee, occurring mostly at night, and often permanent structural change in muscles, termed contraction. These are peculiar to this stage except contraction, which continues into the next stage. These reflex pains, at night, and in sleep, are considered by Bauer to prove that the trophic, or ganglionic province is principally, if not exclusively involved. Sayre more simply describes it as due to the relaxation of muscles during sleep, the movement of the joint surfaces causing the excitation of reflex action which stimulates to sudden muscular contraction and compression or concussion of the articular surfaces. During the day muscular contraction is more constant. Both the sudden concussion and the constant contraction aggravate the destructive joint changes by pressure.

The eversion marked in the second stage, is caused by effusion within the joint, which "forces the movable part of the joint into certain positions denoting the greatest capacity of the articulation." The experiments of Weber and Bonnet showed, by injecting fluid into the hip joint in the dead subject, that the result was always the production of eversion, flexion and abduction of the thigh and immobility of the joint. The struggle between the contraction of the adductors of the limb and the distended capsule increases pain and aggravates disease.

The symptoms of the *third stage* present a marked change, nearly the reverse of those of the second. We have now inversion instead of eversion, adduction instead of abduction, flexion at the hip, but perhaps not at the knee, elevation of the pelvis upon the affected side and the projecting backward of the natis instead of the reverse, and there is comparative freedom from pain. These changes are caused by rupture of the capsule, and effusion from it into sur-

rounding tissues where openings may be made. The action of the adductors is now unopposed and they cause the adduction and inversion. The perforation of the acetabulum by the head of the femur, or the presence of osteophytes may fix the limb and prevent the changes described. Actual shortening now generally exists from loss of substance in the head of the femur and the acetabulum. Spontaneous luxation very seldom occurs though there may be much change of position from such loss of substance. Traumatic dislocation may be easily produced. Caries and destruction of cartilages occur in this stage and may have existed in the second stage.

Time will not permit me to enter on the subject of treatment which may be left to verbal discussion. I will only say that rest and position, extension, the relief of compression of the joint surfaces while permitting motion, are the points aimed at by surgical appliances.

The principal operative procedures employed, are myotomy or tenotomy, the relief of effusion within the capsule by puncture or by aspiration, and exsection of the hip joint.

———:o:———

ART. II.—*A Case of Chronic Intussusception of Eleven Months Duration.* By A. A. HUBBELL, M. D., Leon, N. Y.

In the February No. of this Journal I presented the history of a case of acute intussusception with obstruction. Since writing that article, another case of the disease has terminated under my observation. It was one, however, of a very different character, being very chronic in its nature, and without obstruction. The symptoms were correspondingly different; and from their obscurity, no positive diagnosis could be agreed upon during life. The case did not, therefore, receive treatment suited to recovery; and it finally terminated in death. The report that I here give, then, is simply the *Natural History* of a case of chronic intussusception unmodified, except by the use of anodynes. I submit it as another *fact* in the study and history of the subject, showing the long duration to which the disease may extend, and the patient finally die from ex-

haustion, without obstruction, peritonitis, or any of the usual consequences ensuing.

Frank P———, aged 17 years, was, like the other case above referred to, convalescent from a mild attack of measles, when he began to complain of pain in his bowels on the 25th of February, 1877. His previous health had generally been excellent; and at this time he was able to be out of the house. Shortly before feeling the pain, he assisted in unloading some ice from a sleigh. The pain of which he complained was paroxysmal, lasting two or three minutes and then leaving him easy for ten to thirty minutes. His bowels moved quite regularly; his appetite was moderately good; and he was free from any disturbance of the secretions or excretions, as well as from feverishness or chilliness. Physical examination showed nothing abnormal, except a little fullness in the right hypochondrium. I will not take space to detail the treatment that I resorted to; but suffice it to say that it consisted mainly in tonics and anodynes, with an occasional laxative which always operated as desired. In fact, there was apparently no constipation, except what might be expected from the anodynes. The case continued with the above symptoms till the fifth week, the patient being about the house nearly all the time, when there appeared a well-defined tumor in the central part of the abdomen. It measured about two inches one way, and four, the other; its long diameter being transverse to the axis of the body. It was dull on percussion, somewhat tender on pressure, movable in all directions, and when lying over the aorta transmitted distinct pulsations. The patient was placed in bed, and the nurse applied warm fomentations to the abdomen. In a short time, to our surprise, the tumor disappeared. The next day the patient was allowed to get up, and the tumor again made its appearance in the region of the umbilicus, which disappeared as before, on his lying down. For two weeks the tumor would thus go and come, after which, it remained permanently near the umbilicus, whatever position of the body was assumed. It was observable that whenever the tumor was found in the central part of the abdomen, there was no fullness in the right hypochondrium, and vice versa; thus indicating the constant existence of the tumor, although, when it lay in the region of t

hepatic flexure of the colon its outlines could not be clearly distinguished. Indeed, the fullness at this point seemed, at times, to be merely contraction of the upper part of the right rectus abdominis muscle.

After the second month, there began to arise some gastric disturbance, with loss of appetite, occasional nausea, and once in a few days, vomiting. At about the same time, the stools became diarrhœtic, only one or two occurring each twenty-four hours. The pain continued about the same, and required the daily use of anodynes. The patient's position was another characteristic symptom, namely, that of flexion of the thighs upon the body whether sitting or lying down. These symptoms continued without much change till November, the patient being about the house nearly every day, notwithstanding his increasing emaciation, and failure of strength. About this time his appetite almost entirely disappeared, the pain became more severe, the diarrhœa was increased having from three to ten passages in the twenty-four hours, and he complained bitterly of sore mouth, although nothing but a general redness could be seen. He was occasionally nauseous and every few days would vomit; getting only temporary relief from opiates, the more severe symptoms continued, and the consequent exhaustion obliged him to keep his bed. About the first of December he began to pass in his stools small masses of what appeared to be portions of intestine. Two to five pieces were noticed each twenty four hours for four or five days; after which no more were seen. They varied in size from mere threads to pieces one half to one inch wide by an inch and a half long; and were irregular in shape. One other symptom was developed about the middle of January. After a severe paroxysm of pain lasting for several hours two to three ounces of blood passed his bowels; otherwise the symptoms continued unchanged, excepting the pain and tenderness of the bowels and tumor were much increased. Death closed his sufferings by exhaustion on the 20th of January, 1878, after a protracted illness of *eleven months*. During the whole period of the disease, when the patient was in a paroxysm of pain, he would frequently feel a gurgling in the tumor, as if something was passing through it; after which he would be relieved and experience an interval of ease.

Eight hours after death, with the assistance of Drs. Morgan and Beals of Conewango, N. Y., I made a *post mortem* examination. The colon was found to be the seat of an *invagination of some eighteen inches in extent.* The cæcum was inverted into the colon, drawing after it the ileum and corresponding mesentery. The inverted cæcum was swollen, indurated and ulcerated, with indications of considerable sloughing or necrosis having taken place. The cæcum was the only part that was swelled and indurated; and it formed a tumor within the ascending and transverse colon an inch and a half in diameter, and three to four inches long. This tumefied mass was movable within the colon to the extent of fourteen inches. There were no adhesions except within the inverted cæcum; and the bowel could be very easily drawn out till the tumor was reached. The passage through the tumefied cæcum was sufficiently large to admit my finger. Below the limit of the intussusception the colon and rectum were contracted to dimensions not more than half an inch in diameter. There were no evidences of either general or local peritonitis. The natural relation of the colon was very much changed, the whole of it having been dragged to the lower part of the abdomen. A portion of the transverse colon was found within the pelvis.

Several prominent physicians saw the above case, but no two could agree as to its nature. One regarded it as "enlargement of a mesenteric gland;" another as an "omental tumor;" another as "hypertrophy of the omentum;" another as "thickening and induration of the intestinal walls;" another as "*obstruction and enlargement of the pancreatic duct and gland;*" while others had their own peculiar version of the symptoms. As for myself, I did not become positive in my diagnosis till the latter part of the disease. Early in the case I hesitatingly suggested that it might be intussusception. Later, I unhesitatingly declared that it *was* intussusception. I was alone, however, in the diagnosis.

Being in doubt, at first, as to the import of the symptoms, and also being somewhat misled by the opinions of others whose counsel I valued, the case was allowed to go on till it was too late to attempt reduction by any means. Undoubtedly, it was a case in which proper application of distention to the colon might have effected re-

duction at anytime within the first four or five weeks. But the golden opportunity for either mechanical or operative measures was lost, because of a doubtful diagnosis in the earlier stage of the disease.

The question arises, "How could a positive diagnosis have been determined?" To this, I see but one answer, viz.: *By an exploratory incision.* But would it be justifiable in such cases? The answer to this depends upon the danger attendant upon such incisions, and explorations of the abdominal cavity. *What is the danger?* Who will answer?

———:o:———

ART. III.—*Abstract of the Proceedings of the Buffalo Medical Association.* March 5th, 1878. Reported by E. N. BRUSH, M. D. Secretary.

The meeting was called to order by the President, DR. E. R. BARNES. By motion of Dr. LOTHROP the minutes of the last meeting were *adopted* without reading.

DR. E. R. BARNES read a paper an Morbus Coxarius. (See Art. I. p. 321.)

DR. ROCHESTER said it was a subject out of the line of his practice. As a young man he saw in the Hospitals and Dispensaries a great number of cases. A large proportion of these were children, and the cause was then looked upon as strumous. The treatment was rest, and the employment of alteratives, which were used as much as tonics and cod-liver oil are now employed. Absolute rest was insisted upon, a splint was used which insured immobility and anchylosis was the result in many cases. The treatment, being based upon a different idea as to cause, was of course varied from that now employed, when the traumatic origin of the disease was so widely held.

A few remarks were indulged in by other members present complimentary to the paper.

DR. ROCHESTER, under the head of voluntary communications, reported the following case. On the fifteenth of Feb. he was called in consultation with Dr. Earl of Black Rock, to see a young man aged twenty-one residing on Clinton Ave. The history was that the patient had been taken very ill on the evening of the

tenth. He had a chill, followed by pain in the bowels, elevation of temperature, a rapid pulse and eventually, what was supposed to be peritonitis. When he saw the patient he had a tumid abdomen, tenderness over the right iliac region, pulse 120 and temperature 102.5°.

After a careful examination there was no difficulty in determining a circumscribed swelling which was easily isolated. He expressed the opinion that there was a perityphlitic abscess, which diagnosis Dr. Earl had already made. The patient had, four or five years previously, had an inflammation of the bowels, and two members of the *family* had died with the same disease. A cathartic had been administered which had operated, producing considerable pain and distress. Dr. Rochester suggested that the only thing which could be done was to make an operation, and fully and carefully canvassed the question with the parents. Owing to their sad experience with other members of the family the parents found it difficult to decide on the matter and held their decision for a short time. Opium and warm applications were continued.

On the 16th an operation was decided upon and was made on the afternoon of that date by Prof. J. F. Miner. There were present, Drs. Rochester, Earl, Benj. Lothrop, W. W. Miner and Brush and Mr. Bidaman, a medical student.

Chloroform was administered and a careful examination again made, resulting in confirming the diagnosis.

The swelling extended from Poupart's ligament, along the course of the colon, but a little to the right. Dr. Miner made a very careful exploratory operation, the incision being that which would be employed in ligation of the external iliac artery. When the tumor was reached it was found to be circumscribed by inflammatory adhesion. A narrow tenotomy knife was introduced and the opening subsequently enlarged, evacuating a large amount of very foul smelling pus. The cavity was thoroughly washed out by carbolized water, a drainage tube introduced and the wound closed. Previous to the operation the patient's pulse was 104, after recovering from the anæsthesia it was 84. The patient was reported on March 5th to be steadily convalescing.

Dr. Rochester, in speaking of this case, said, it was the first

operation of the kind made in Buffalo of which he had any knowledge. He had seen a large number of similar cases, and had seen them terminate in various ways. One case which he saw recovered after the abscess had spontaneously opened through the abdominal walls; another had penetrated the colon, the patient had recovered. Some three or four years ago he had taken Prof. Miner to operate on a case, but found on arriving at the patient's house that the abscess had disappeared. The patient informed him that it had emptied into the bladder and proved the assertion by passing through the urethra pus and fæces. This patient still survives, but in a most pitiable condition, having a permanent opening from the bowel into the bladder.

Under the head of prevailing diseases, some erysipelas was reported, and Dr. Hauenstein mentioned some cases of puerperal fever. Influenza was also reported, some cases being of great severity.

Dr. Fowler was elected Secretary *pro tem*, for the ensuing month owing to the contemplated absence of the Secretary from the city.

———:o:———

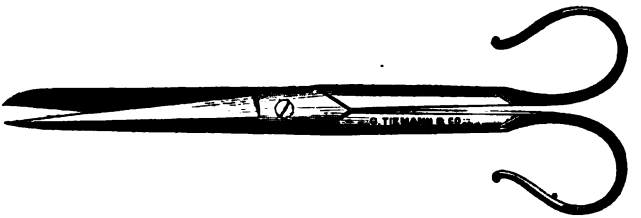
ART. IV.—*Description of a Model Pocket Case of Instruments.* By CHARLES C. F. GAY, M. D.,, Surgeon to the Buffalo General Hospital.

I wish to call attention to a Pocket or Dressing Case of Instruments which possesses merit enough, I think, to warrant a brief description for publication in the columns of the *Journal.* The average pocket case contains instruments, too many of which are useless, and is therefore too large to be conveniently portable. The pockets of physicians are usually encumbered, not only with the ordinary surgical case of instruments, but it is found necessary to carry a thermometer and hypodermic syringe. I have succeeded—through the co-operation of Geo. Tiemann & Co., Instrument Makers, New York,—in devising a case which accommodates all the instruments required, including both the hypodermic syringe and thermometer; the size of which is so small that if its length be lessened by three fourths of an inch, it will occupy in the pocket, no more room than the old fashioned hypodermic syringe

case. Indeed it is so compact and small that it may be carried conveniently in the watch or vest pocket.

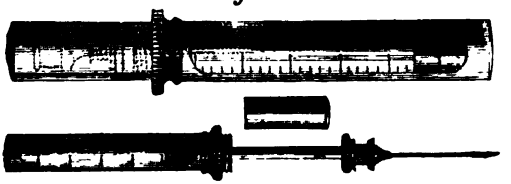
It contains two double—shell-handle—knives, one of which has a scalpel in one end and a probe-pointed bistoury in the other end, the blades are fastened open by a spring catch; the other handle has in one end an universal or tenotomy blade, and in the other end a scarificator or gum lancet, both blades fastened open by a

Fig. I.



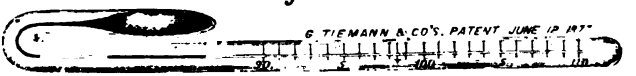
spring catch—a pair of scissors (well represented in Fig. 1) with handles open in front to allow them to pass over or around adjoining instruments in order to economize space; one pair of artery forceps—a female silver catheter with caustic holder—a grooved director, one end of which can be bent and threaded to serve the purpose of an aneurism needle—a probe-pointed director, tongue spatula and wire twister—an exploring needle—a Hypodermic Syringe and Thermometer, both encased in metal.

Fig. II.



(Fig. II) represents the Syringe opened, ready for use, and also represents it closed. When closed the needle is taken off, reversed and enclosed in a metal case, which is screwed over it upon the Syringe proper.

Fig. III.



The Thermometer (Fig. III) is protected by a metal case, one end of which is closed and the other free or open, and is

lined with flannel. The instrument need not be removed from its case until after the temperature is taken, and is therefore better protected from danger of breaking than any heretofore in use.

The case itself is made of Turkey Morocco, lined with silk and velvet; it has a pocket for needles and thread. It is four inches long by one inch and seven eights wide and seven eights of an inch thick, fastened by a sterling silver lock. It contains all the instruments that the physician or surgeon need carry about his person, and just those instruments that are most often needed, and indeed, which are continuously in every day use.

———:o:———

Correspondence.

Buffalo, March 12th, 1878.

MESSRS. EDITORS.*

I would call your attention to the state of the profession in Arkansas, especially in reference to the "Hot Springs Illustrated Monthly," a secular newspaper published at Hot Springs, Ark., and its list of advertised physicians. It contains the pictures of Drs. G. W. Lawrence, P. H. Ellsworth and O. A. Hobson, with brief biographies of each. It is only necessary for us to refer medical men to the code of ethics, for them to determine at once the position that these men occupy. Dr. McClelland, in *Civil Malpractice* in defining what constitutes a 'quack,' says, "This term, in the medical profession, is applied to any one, whether he has any professional education or not, who violates §§ 3 and 4, Art. I, ch. II, of what is known as the Code of Ethics of the American Medical Association, which declares it to be derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand bills, inviting the attention of individuals affected with particular diseases."

If allowing portraits and biographies of physicians to be placed in a secular paper does not constitute a violation of the section

* The above was handed to us by our young friend and we publish it without comment, as it may be of interest to many readers. There seems to be room for reform at the Hot Springs. ED.

quoted, we are at a loss what conclusion to draw in these cases. Drs. Ellsworth and Hobson are both members of the county medical society, which, after hearing and considering charges made against them, has declared them not guilty. This decision is beyond us, but as we hear that a second number containing the photographic likenesses of three other physicians* with accompanying biographies has been issued, perhaps it may be accounted for, by supposing a majority of the doctors composing the society, to be ambitious to have their faces engraved and circulated broadcast over the country. We may be severe, but from the premises what other conclusion can follow.

We hope the State Society of Arkansas will, at its earliest convenience, take cognizance of this breach of etiquette and punish the violators as they deserve. If they do not we shall look to the American Medical Association as the last resort. If the State Society and the American Medical Association do not see fit to condemn the actions of these bidders for public patronage, then there can be but one result, the universal repudiation of the Code of Ethics as unjust and discriminating. Why the action of the Medical Society, of the County of New York, directing the withdrawal of the names of its members from the recommendations of remedies announced in medical journals, if their brethren (?) in Arkansas are allowed to advertise themselves in the secular press circulated among the people, from whom they draw their patronage?

We are not to be understood to insinuate that all the physicians in Hot Springs are longing for 'forbidden fruit,' far from it, as the following from the "Illustrated" will show: "We are sorry to learn that some of our physicians have objected to these illustrations, so far as the doctors are concerned, as being unprofessional and in bad taste." The editors of the monthly then goes on to say that they differ, and that it is an *honor* not sought by the subjects but is bestowed unasked "*after first ascertaining, of course, that such publications will not be offensive to the parties.*" The sketches, it seems, are not, as we at first supposed, autobiographies, but the physicians furnish their photographs and the facts in their

*Since writing the above I have ascertained that the doctors advertised in the second number are, S. W. Franklin, S. Vaughan and E. A. Shippey, all of Hot Springs. I am unacquainted with the medical relations of these men since I have not seen their biographies. C. A. W.

lives, while the paper furnishes the woodcuts and arranges the facts. Deliver us from our friends if we must be thus *honored* at the expense of our manhood. Hoping that the medical profession will take this up and bring the culprits before the bar of professional justice I remain Messrs. Editors, Yours,

CHARLES A. WALL.

———:o:———

UPTONVILLE, N. Y., March 9, 1878.

Editors Buffalo Medical and Surgical Journal.

GENTLEMEN: Some one has kindly called my attention to the proceedings of the State Legislature, in which I see that a bill has been introduced incorporating a Homœopathic College in your city. Allow me to congratulate you upon this acquisition to the *scientific* (?) institutions of your commonwealth. One of the incorporators of the institution is, I learn, the author of a talented (?) exposition of Modern Homœopathy, which was read before the Medical Association of Buffalo some time since. The writer of the article in question kindly sent me one of the "reprints" of his paper, which I read with considerable interest, but owing to the absence of my book of familiar quotations I could not verify the origin of all his statements. It struck me, however, that a deal of good paper could have been saved, beside considerable labor of compiling on the part of the writer of the answer to the question, "What is Modern Homœopathy?" if he had ended his paper with the apt and concise remark which he attributes to his old preceptor: "its a d—d humbug." By the way, Messrs. Editors, what is supposed to constitute a reprint? I have not had the pleasure of seeing the number of the *National Observer* containing the article on "What is Modern Homœopathy," but after reading the pamphlet sent me I naturally had some curiosity to see what the Editors of that journal might say of the article, and seeing a copy of the *Journal* for January on the office table of a medical friend, I hastened to scan its pages. Imagine my surprise when I learned from it that the *reprint* which I had received in *December* would not be *printed* until the *February* issue of the journal. One or two other questions: Does the Buffalo Medical Association have any control over the papers read before it? Can an essayist without per-

mission allow a paper read before it to be printed in a Homœopathic journal? Was such permission given in this case? As I understand the rule, all papers read before medical or scientific societies are the property of such societies, and it is a glaring breach of courtesy at least for the authors to print the papers in any other way than in the proceedings of the society, with the announcement that they were read before the society, without first gaining consent of the organization.

But I have wandered far from the original intention of this letter, and perhaps might have done well to follow the example set by your *Journal* and the Buffalo Medical Association, in utterly ignoring the "reprint."

I am very much gratified that my predictions on reading the paper are verified, and that the astute author has taken up his bed and walked into the camp of his friends, the "Modern Homœopaths." After his vain and verbose attempt to befoul his own nest, the regular profession are well rid of him. A man who cannot find liberty enough in the ranks of the regular medical profession of to-day to prescribe any medicine on the earth in the air, or in the waters under the earth, in any dose which pleases—be it large or small—does not and should not belong in the ranks of that profession. The liberty which he is panting for is bounded by the narrow horizon of his own vision, and is more correctly spelled and pronounced "notoriety."

When the Homœopathic College is founded please inform me of the corps of instructors which are in the future to make Buffalo the centre of light upon that elusive, deceptive, and enigmatical science (?) "Modern Homœopathy."

Yours, "NIL DESPERANDUM."

———:o:———

Buffalo, March 18, 1878.

MESSRS. EDITORS.

By inserting in your valuable JOURNAL the enclosed extract from the *Fort Wayne Daily Sentinel*, you, I doubt not, will confer a

great favor upon all your readers who are liable to be called upon to testify as experts.

Respectfully Yours, &c.

JAMES P. WHITE.

MEDICAL WITNESSES SHALL BE PAID AS EXPERTS.

The supreme court of the State of Indianna has decided that medical witnesses, when they give their opinions merely, shall be compensated therefor. Below will be found the opinion in full.

"6,764. Alpheus P. Buchman vs. the State of Indiana: Allen C. C. Reversed.

Worden, J.—On the trial of one Hamilton, on a criminal charge, in the Allen criminal court, Dr. A. P. Buchman was put upon the stand as a witness. After stating his profession, the length of time he had been engaged in the practice of medicine, and answering the other usual questions in regard to residence, etc., he was asked to give his professional opinion as a medical expert in regard to certain questions raised in the case. He replied: "The answer that I would have to give would depend on my professional knowledge of the subject, and I respectfully refuse to give my professional opinion without being compensated." The court below being of opinion that the witness was required by law to answer the questions without compensation other than ordinary witness fees, and the witness persisting in his refusal to answer, he was committed for contempt. From the commitment the witness appeals to this court.

The question presented is a novel and important one in this state. It must be conceded that a physician or surgeon, when called upon, must attend and testify to facts within his knowledge; he stands upon an equality in reference to compensation with all other witnesses. But the question is whether he can be compelled to give a professional opinion without compensation other than the ordinary fees to witnesses.

The learned judge reviews at great length and exhaustively, all the English and American cases bearing directly or analogously upon the question raised in the case, and holds:

In respect to facts, the law and his duty to the public require him to attend and testify for such fees as the legislature have provided. Not so, however, in respect to his professional opinions. In giving them he is performing a "particular" service, which cannot be demanded of him without compensation. The thirteenth section of the bill of rights provides that in all criminal prosecutions the accused shall have compulsory process for obtaining witnesses in his favor. The term witnesses, as thus used, was used in its ordinary sense, embracing those who know, or are supposed to

know, some fact or facts pertinent to the case. But the physician or surgeon, when giving his professional opinion in court, does not occupy the position of a witness testifying to facts. He performs the service under oath to be sure, and this is the only circumstance from which he can be called a witness at all. So the judge upon the bench, the lawyer at the bar, and the jury in the box, all perform their services under oath. It is unnecessary to determine in this case whether all classes of experts can require payment before giving their opinions as such. It is sufficient to say that physicians and surgeons, whose opinions are valuable to them, as the source of their income and livelihood, cannot be compelled to perform service by giving such opinion in a court of justice without such payment. The commitment of appellant for contempt is erroneous. Judgment reversed.

Biddle, C. J. and Niblack, J. dissenting.

6,758. Thomas J. Dills vs. the State of Indiana. Allen C. C. Reversed.

Biddle, C. J.—The case presents the same question as decided in Buchman vs. the State, and on the authority of that case is reversed. Biddle, C. J. and Niblack, J. dissenting."

———:o:———

MISCELLANEOUS.

Cases of Rheumatic Fever Treated by Salicylic Acid.

BY ALFRED KEBBLE, M. R. C. S. England, Late House-Surgeon, York County Hospital.

CASE 1.—. C——, aged twenty-one. This was the third attack. On Jan. 9th, 1877, patient ran a mile to catch a train, and perspired freely. The day was very cold. She was a tall, stout girl, but of a sallow, unhealthy appearance. On the day following I saw her. She complained of not feeling well, of headache, pain in several joints, and a shortness of breathing. She kept about all day, but in the evening was compelled to go to bed. The temperature was then 105°. There was pain, swelling, and redness in both wrists and ankles; face flushed; some dullness at base of lungs posteriorly. Ordered milk and beef-tea diet, and twenty grains of salicylic acid was given every three hours.

Jan. 11th.--After taking about eight doses of the acid, the temperature is down to 101°; pain much less in the joints affected, but there is a delirium, with much depression; urine dark-colored; pain about region of the heart; pericardial friction-sound to be

heard. Salicylic acid discontinued, and the usual remedies resorted to.

The patient continued to get worse, and died at the end of six days from pericarditis, accompanied by cerebral symptoms.

CASE 2.—A. B——, aged thirty, cook. Has had rheumatic fever once before. I saw her on Jan. 14th, 1877. About a week before she began to have pain in several joints, accompanied by effusion. She now has effusion into both knee-joints, the right being the worst; also in both ankles and wrists. Has passed a very restless night; sweating freely; tongue furred. The records of the temperature were unfortunately not kept for the first few days of the illness. I prescribed fifteen grains of salicylic acid to be taken every three hours. The joints to be wrapped in cotton wool.

Jan. 15th.—Very much better; passed a good night; says she began to feel better after she had taken three or four doses of the medicine; effusion into knees nearly gone; can move around in bed—an impossibility yesterday. Although I do not remember the exact degree of temperature, I knew that it was lowered about three degrees.

16th.—Still improving; mixture to be taken every six hours.

18th.—Has continued the mixture till to-day; seems almost well as far as the rheumatism is concerned; to take fifteen minims of tincture of perchloride of iron three times a day.

20th.—Going on well.

24th.—Return of the rheumatism; temperature 99.4°. To return to the acid mixture.

25th.—Temperature 98.4°; all the pain gone again; good night; sweated freely; complains of a peculiar feeling about the head and throat; vomited once this morning.

29th.—Slight return of pain in right shoulder and hip. Ten grains of the acid every three hours; eight doses given.

Feb. 2nd.—Continues better; to take the mixture twice a day.

5th.—Free from pain; mixture to be taken occasionally.

9th.—Quite well.

CASE 3.—J. S.——, aged thirteen, school girl. First seen Feb. 11th, 1877. This is the first attack. Three days since she commenced to have pain in several joints. Temperature 102.6°. Right shoulder and wrist and both knees and ankles affected; great pain, which prevents her sleeping; she was screaming all night with the pain; cannot move herself in bed; no sweating. To take eight grains of salicylic acid every four hours.

Feb. 12th.—Passed a good night. Temperature 101°. Much easier. Can now turn herself in bed. Has turned herself right round in bed to speak to me. Left knee most painful, red and swollen. Continues mixture.

13th.—Temperature 98.4°. Very good night; almost free from pain.

15th.—Temperature 98.5°. Quite well. To get up to-day. Mixture to be taken if there is any return of the pain.

19th.—I called to see her, and found her down-stairs nursing the baby.

CASE 4.—W. C.——, aged fifty-five, farmer. First seen June 28th, 1877. This is the fourth attack. Commenced a few days since with pain in the ankles. Temperature 101°; pulse 100. Both knees, ankles and wrists now affected. To take ten grains of salicylic acid every two hours. Cotton wool to joints. Ten grains of compound ipecacuanha powder at bedtime.

June 29th.—Temperature 101°. Restless night. Knees feel better. The patient is a very heavy man, weighing about seventeen stone. He is quite unable to move himself; lies with his feet over the end of the bed.

30th.—Temperature 99°; pulse 90. Passed a capital night. The patient and friends are much pleased at the sudden improvement. This morning he has been out of bed, and walked round the room. Mixture to be taken every three hours. Urine dark-colored.

July 1st —Not quite so good a night, but he had some friends to see him last evening, who stayed too long. Free from pain except in left hand and wrist. Mixture to be taken every six hours.

3d.—Going on well. Temperature 98°. Is very anxious to get up to-day. To sit up for a short time. Mixture to be taken three times a day.

4th.—Not quite so good a night. Slight return of pain in right shoulder.

5th.—Temperature 101°; pulse 90. Return of pain in both wrists, left knee and shoulders. Mixture to be taken every two hours.

6th.—Temperature 98°. Much better; good night. Mixture every two hours.

7th.—Temperature 99°. Going on well.

9th.—Temperature 100°; pulse 70; respiration 16. Passed a good night. Vomited once last evening after taking the medicine, and has not taken any since. Return of pain in left knee, over tendo-Achillis and left heel, right hand and shoulder. Tongue moist, slightly furred. Complains of sore throat and gums. Feels as though there were a lump at the back of the tongue. Complains of pain at pit of stomach. No symptoms of cardiac mischief. Eyes blood-shot; low-spirited. Bowels moved yesterday; urine natural in color and quantity. Up to this date I had been giving the acid in mucilage. I now altered it, and gave it with solution of acetate of ammonia and champhor-water.

10th.—Pulse 80; respiration 16; temperature 98°. Much better in all respects. Passed a good night. Now takes the mixture well

11th.—Temperature 99.2°. Feels low-spirited. Taking nourishment well.

13th.—Temperature 98.4°. Going on well.

16th.—Got up to-day. Quite free from pain. Mixture every four hours.

18th.—Up three hours. Mixture every six hours. Quite free from pain.

20th.—Mixture to be taken three times a day.

He continued the acid, in small doses, up to August 10th. He was very anxious not to leave it off too soon, as he had received so much benefit from it.

August 12th.—Free from rheumatism, but is not passing sufficient water—only one pint in twenty-four hours. Complains of pain in loins. Slight trace of albumen.

After this date the patient recovered his usual health, but occasionally having slight rheumatic pains. Although the symptoms of rheumatism have lasted about a month, the patient says that he has never been so free from pain in any previous attack. On the last occasion on which he suffered from rheumatic fever he was ill for about ten weeks, was unable to move himself in bed for a greater part of the time, and had to have relays of friends to move him night and day, on this occasion he was nursed by a daughter of fourteen years and one woman, who sat up with him at night. He was always able to get up to the night-stool.

Case 5.—J. E——, age forty-five, platelayer. Seen on June 15th, 1877. Has been ill about a fortnight. Has been very wet at his work lately. Temperature 100°. Has effusion into both knee-joints and ankles; has had pain in shoulders. To take fifteen grains of salicylic acid every three hours.

June 17th.—Much easier; can now turn in bed. Effusion into knees much less; that of ankles gone. Complains of deafness. Has a noise like that of a water-mill in his head. Has vomited twice after the medicine; to take it every six hours.

19th.—Temperature 98.4°. Mixture three times a day. From this date the patient relapsed into a state of chronic rheumatism. The salicylic acid was discontinued, as no further benefit seemed to be derived from its use; and the patient is at the present time —four months after the commencement of his illness—unable to work.

In the few cases that I have treated there has been rapid lowering of temperature with diminished pain, but there has been a tendency to depression with head symptoms, which, however, soon passed off on diminishing the quantity and frequency of the dose. I think it is necessary to continue the drug in small doses for some days after the departure of all symptoms of rheumatism, otherwise there is very likely to be a relapse.—*London Lancet*

Bicarbonate-of-Soda Dressing for Burns.

Dr. Ely McClelland, U. S. A., reports the following interesting cases in the *Louisville Medical News.* He says he has had considerable experience in the use of bicarbonate, and selects these as of the most interest:

CASE I.—A half-breed Nez Perces child received a terrible scald of the first magnitude, involving the greater portion of the scalp, the right side of the face, the neck, shoulder, and arm of the same side. The wounded surface was covered with lint which had been soaked in a saturated solution of sodæ bicarbonatis, and was kept wet by constant applications of the same solution. The relief from pain was instantaneous. No slough occurred, and the child has recovered, saved from any cicatricial deformity.

CASE II.—Act. Ass't Surg. Pring, U. S. A., in medical charge of the troops at Mt. Idaho, an outpost of this command, reports the following: The wife of an officer of the Second U. S. Infantry, who had accompanied her husband to the cantonments, from inability to obtain servants in that exposed locality, was herself engaged in preparing the early meal. Being inexperienced in such work, this lady poured water into a vessel containing boiling lard, and in the explosion which followed was severely scalded about the face and neck, involving the right eye. The bicarbonate-of-soda dressing was employed with the most decided benefit. The pain was instantly relieved, and no disfigurement resulted beyond the total loss of vision in the injured eye.

To secure successful results from this treatment it is necessary that the application be made of a saturated solution. A half pound of the bicarbonate should be added to a quart of water, and should be subjected to violent agitation. A sheet of patent lint of old linen sufficiently large to envelop the wounded surface should be thoroughly saturated with the solution, and the surface should be completely covered therewith; the dressing should never be permitted to become dry, but the solution should be freely and constantly used. No other dressing is necessary, but the lint first applied should not be disturbed for several days.

———:o:———

GASTROTOMY.—At a recent meeting of the Académie de Médicine (*Le Mouvement Med.*, 1877, No. 50) M. Cazin read a paper upon this subject, which terminated with the following conclusions: 1. Gastrotomy is applicable to cases of internal strangulation by bands or torsions, and in general when occurring suddenly, and in invagination. 2. It is not necessary to know the exact seat of the

difficulty before operating. 3. Tardy operation diminishes the chances of success. 4. When the seat of occlusion is unknown, the incision should be in the median line, and sufficiently long; when known, the incision should be made over the seat of the occlusion, and should be relatively small. 5. In order to find the point of stangulation the operator should have in his mind all the possible causes of the difficulty, and should follow the method of Paosi, which simplifies the manœuvre considerably. 6. During the operation, extreme cleanliness, as in ovariotomy, should be observed, and Lister's method, at the same time antiseptic and antiphlogistic, should be employed; 7. Unless some particular indication arises, the patient should be left in perfect quiet, general and local; that is to say, the intestine should not be disturbed by enemata and purgatives.—*Medical Times.*

———:o:———

THE TEMPERATURE IN CROUP.—It has been maintained, and that by the best authorities, that true croup can be differentiated from false or catarrhal croup simply by using the thermometer, in that "in most cases catarrh of the larynx runs its course without fever whilst true croup is accompanied by high fever" (Niemeyer). Dr. M. Loeb (*Jahrbuch f. Kinderheilkunde*, XII., 1 and 2, 1877) states that in two cases he saw true croup run its course without any fever whatever, and relates the following case which is of interest in more than one respect. The patient was a girl, aged 2¼ years. When first examined there was present only mucous and sub-mucous râles over both sides of the chest and slight redness of the fauces. The temperature in the rectum was normal. The cough was neither rough nor barking, therefore bronchial catarrh had to be diagnosticated. On the same day, in the evening, the whole condition had changed; great dyspnœa presented itself, the cough had changed, the epigastrium was drawn in with every inspiration. "Under such circumstances diagnosis could hardly be doubtful." Emetics, inunctions of mercurial ointment and cold applications to the neck were ordered. Notwithstanding copious emesis the whole condition did not change for the better. Cyanosis became more marked, dyspnœa greater and yet the temperature did not rise. Tracheotomy was indicated which, after several hours had elapsed, was also performed. "Unfortunately the large middle lobe of the thyroid gland caused so much hemorrhage that the child, already nearly dead, expired upon the table." Post-mortem examination revealed croupous exudation upon the mucous membrane of the larynx, this extended down to the bifurcation of the trachea, the fauces were free from diphtheritic exudation. "It therefore must be claimed, both in regard to diagnosis and prognosis, that individual cases of croup may run their course without losing their malignant character, without any fever whatsoever." On the

other hand, cases of catarrhal croup have frequently been observed in which the fever was very high. In connection with emetics the author has a foot-note regarding the action of apomorphia, which has offered no advantages over the ordinary emetics in use, in fact refusing to act in cases where sulphate of copper produces abundant emesis.—*The Clinic.*

———:o:———

PROFESSIONAL OVERWORK.—Dr. T. A. Emmet, in his admirable memoir of Dr. E. R. Peaslee, read before the Medical Society of the County of New York, remarked that the subject of his sketch died from overwork. No one can doubt this fact, and no one similarly situated as was Dr. Peaslee should fail to heed the lesson which his untimely end affords. It is a well established fact that ultimate success in our profession means hard work, and when this success is attained, it is still harder to restrain a desire to work within proper limits. There is a fascination about professional progress which increases with the means of its gratification until in some it becomes almost irresistible. This fact was strikingly exemplified in the case of Dr. Peaslee. The members of the Medical Society of the County of New York will remember that it was but a short time since that he, in some remarks upon the death of the lamented Dr. A. B. Crosby, referred to the necessity of conserving the vital forces, and guarding against the very excesses of labor to which he himself fell a victim. Every one who heard him on that occasion must have been impressed with the conviction that he appreciated the full force of his remarks and governed himself according to their spirit. But alas, scarcely six months elapsed when, in the same hall, Dr. Peaslee's memoir offers a melancholy verification of his own warnings.—*Med. Record, Feb.* 9, 1878.

———:o:———

SUSPENSION IN SPINAL DISEASE.—Dr. Bernard Roth (*Lancet*, Feb. 2d) says that the "so-called newly introduced method of suspension by the 'gallows' has been largely employed for many years past in several orthopædic institutions on the Continent;" that he saw last spring nearly the identical kind of apparatus used by Dr. Klopsch, of Breslau. "Here a strong horizontal beam is supported at its middle on a vertical mast fixed in the ground, and from the two extremities of the former depends exactly the same kind of gallows as is attached to the apex of Dr. Sayre's tripod. The patient's head having been fixed in the way now so well known here, the cord is shortened till the toes can only just touch the ground; the patient is now told to walk round and round, the horizontal beam being made to turn on a pivot. There are usually two or

three cross-beams, and I have seen as many as six patients, walking round simultaneously as best they could on tip-toes, while their spines were being extended by the weight of their bodies. Complete suspension in the air is also employed very often. Even the shoulder-loops are quite identical with those now said to have been invented by the American professor. I saw a similar apparatus and treatment at the orthopædic institution of Dr. Schildbach, at Leipsic. This gentleman is a *privat docent* of, and has an orthopædic out-patients' department (*Policlinic*) in connection with the University of Leipsic. It is a curious fact that in Germany the gallows is called Glisson's swing (*Glisson'sche Schwebe*), after Francis Glisson, an English physician, who wrote a book, 'de Rhachetide,' a second edition of which appeared here in London in 1660. He quotes at page 368 a description of the swing, with an illustration, and explains the principle on which it is used. I have no wish to depreciate the great debt of gratitude we owe to Dr. Sayre for his introduction of the plaster-of-paris bandage for spinal disease, especially malum Pottii; but I do not think it is quite fair that no acknowledgment has been made of the real inventor of the suspender, nor of the fact of its having been so long in common use in Germany."—*Medical Record.*

———:o:———

Symptoms of Intestinal Obstruction.—It is erroneous, observes Hensgen (*Deutsche Medicin. Wochen*, December, 1877,) to assume that obstruction is always accompanied by fæcal vomiting. This is impossible in occlusion of the upper portions of the small intestine, nor has it been confirmed in all cases of closure of the large bowel. In illustration of the latter fact, Hensgen cites a remarkable case of ileus, the most striking feature of which was the long duration of complete closure of the descending colon, namely, forty-four days, during which time nothing passed from the bowel, and also an entire absence of any escape of the intestinal contents upwards, either fæcal, or gas having a fæcal odour. The absence of fæcal vomiting must be regarded as due to the action of the ilio-cæcal valve, which also sufficiently accounts for the non-distension of the small intestine observed in this case.—*Med. Press and Circular.*

———:o:———

Treatment of Sleeplessness.—When sleep is broken by severe pain, opium or morphia is of value, not only by relieving the pain but by its action in producing anæmia of the cerebral vessels. In the wakefulness due to neuralgia, it is often better to inject a small dose of morphia hypodermically near the branch of the affected nerve then to administer it by the mouth. When the sleeplessness arises from the pains of muscular spasm (as in gall-

stone colic), or is attended with headache, flushing of the face, and other symptoms of cerebral hyperæmia, chloral-hydrate is indicated, as this is supposed to owe its hypnotic effect to its power of diminishing the amount of blood in the brain. On the other hand, in wakefulness due to defective cardiac power, digitalis is often useful by strengthening the action of the heart and relieving the congestion of the central organs and the anæmia of the extremities. It is doubtful whether the bromides possess hypnotic properties, although they undoubtedly act as sedatives on the nervous system, and as such may occasionally induce sleep.—*Boston Jour. of Chemistry.*

———:o:———

A Daring Therapeutist.—At a late meeting of the Massachusetts Dental Society, Dr. Waters, of Salem, stated that bicarbonate of soda, such as used for cooking purposes, or any other alkali in neutral form, would afford instantaneous cessation of pain from the severest burns or scalds, and would cure such injuries in a few hours. Dipping a sponge into boiling water, the Doctor squeezed it over his right wrist, producing a severe scald around his arm and some two inches in width. Then, despite the suffering occasioned, he applied the scalding water to his wrist for half a minute. Bicarbonate of soda was at once dusted over the surface, a wet cloth applied, and the pain, the experimenter stated, was almost instantly deadened. Although the wound was of a nature to be open and painful for a considerable time, on the day following the single application of the soda the less injured portion was practically healed, only a slight discoloration of the flesh being perceptible. The severer wound, in a few days, with no other treatment than a wet cloth kept over it, showed every sign of rapid healing.—*Med. and Surgical Journal.*

———:o:———

Cascara Sagrado in Constipation.—A Correspondent in the *Clinic* says that he has found the cascara sagrado a most admirable remedy in habitual constipation, certainly superior to any article that he has ever used. He prescribes the fluid extract. A favorite prescription of his is:

℞ Fl. ext. cascara sagrado, ℥ss.
aq. cinnamon, ℥iss.
sac. alb. ʒij.

M. S. Teaspoonful three times a day (before meals).

This is agreeable to the taste, and unlike any of the remedies heretofore employed, it soon gets the bowels into a healthy habit of action. Some patients find one teaspoonful of the mixture, that is about fifteen drops of the fluid extract at bedtime sufficient to overcome and correct the habit of the most obstinate constipation.

* * *

EXCISION OF THE LARYNX.—This formidable operation has been successfully performed in Glasgow by Dr. Foulis. Thyrotomy had been previously performed twice, and a recurrent growth removed. At length it was decided to remove the whole larynx. The patient consented, and the operation was done. The patient made a good recovery, and could dispense with artificial feeding in a fortnight. As soon as the wound contracted enough, a vulcanite tube was fitted in with a vibrating reed, which enables the patient to speak in a monotonous but loud voice.—*The Doctor.—Med. Bi-Weekly.*

———:o:———

NITRITE OF AMYL.—We take the following from an account of the work of Dr. Jvan Ermesagem on Nitrite of Amyl, in the above journal. "The author divides into four classes the diseases in which the nitrite of amyle may be used: 1st. Syncope, coma characterized by weakness of cardiac innervatiou, anæmia, and the venous congestion of the cerebro-spinal centres. 2d. Diseases characterized by vascular spasm. 3d. Spasmodic affections of voluntary and involuntary muscles, diseases characterized by extreme elevation of temperature. The nitrite of amyl is chiefly administered by inhalation. Three drops on a handkerchief will avert threatening syncope from chloroform. In sea-sickness it will succeed heroically, according to the observation of Dr. Clapham (a hundred per cent). In hemicrania, two drops will suffice to cure; but it is especially in angina pectoris and in asthma that the best results are obtained. But its employment is contraindicated in old people, or in those presenting any vascular or cardiac lesion. It is also contra-indicated in puerperal plethora. Its use at all times demands much circumspection."—*Rivista Clinica di Bologna.—Maryland Med. Jour.*

———:o:———

CURE OF EPILEPSY.—In the opinion of Kunze we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of 7 grains of curare in 75 minims of water to which he adds two drops of hydrochloric acid. At intervals of about a week he injects beneath the skin 8 drops of this solution, and in various cases in which convulsions had occurred for several years he obtained a complete cure after 8 or 10 injections—*Lo Sperimentale.—Maryland Med. Jour.*

———:o:———

EXTRACT OF PIMENTO AS A REVULSIVE.—The extract of pimento has a beautiful red color, identical with that of the dried fruit. Suitably incorporated in a plastic mass, and spread upon squares of

paper, its application is very easy. It is unnecessary to warm it, for it adheres sufficiently to the skin; but it is well, on parts subject to movement, to fix it with a bandage just as a blister. Moreover, its action may be augmented or moderated according to the pressure. On removal, the heat and tingling may be immediately arrested by the application of a little starch.—*Clinic.*

———:o:———

The *Medical Brief* says: It has been noticed in several cases that when one quarter of a grain of morphine would not produce sleep, if ten grains of quinine were administered a short time previous to administering the morphine, the morphine would almost invariably act efficiently. This fact was noticed in connection with puerperal cases.—*Boston Med. and Surg. Journal.*

———:o:———

Editorial.

American Medical Association,—Surgical Section.

It is but a few months before the American Medical Association meets in Buffalo, and it is with great pleasure that we print the following list of papers to be presented before the Surgical Section at the ensuing meeting.

The list kindly furnished us by the Secretary of the Section, E. T. Easley, M. D., of Little Rock, comprises the titles of articles received to date, and will be useful in allowing all to come prepared to discuss them understandingly. In our next issue we shall publish any additions that may be forwarded.

Address by Henry H. Smith, M. D., Chairman of the Section, "On Certain Points in the Pathology of the Bones, including Tubercles."

"On Disease Germs, their Nature, Origin and Relations, in cases of Wounds," by By B. A. Watson, M. D., Jersey City.

"On Septicæmia after Resections," by D. H. Weeks, M. D., Portland, Me.

"On Tracheotomy without Tubes," by Henry A. Martin, M. D., Boston, Mass.

"On Identity of Hospital Gangrene with Diphtheria," by Jno. T. Carpenter, M. D., Pottsville, Penn.

"On Permeability of Entire Alimentary Canal by Enemata with some Surgical Applications," by Robert Battey, M. D., Rome, Georgia.

"On Irritation of the Meta tarsal-Phalangeal Articulation in Valgus of the Great Toe," by Frank H. Hamilton, M. D., New York.

"On the Process of Repair in Wounds with and without Antiseptic Treatment," by Frederick Hyde, M. D., Cortland, N. Y.

"On Extirpation of the Thyroid Gland," by Julius F. Miner, M. D., Buffalo, N. Y.

"On Fractures at the Wrist," by Jno. H. Packard, M. D., Philadelphia, Pa.

"On Pathology and Treatment of Cancer," by Theodore A. McGraw, M. D., Detroit, Mich.

"On Perityphlitic Abscess," by D. M. Clay, M. D., of Shreeveport, La.

Owing to the distant residence of the Secretary, he requests that all papers to be presented in the session of the Section be forwarded at an early hour to Henry H. Smith, M. D,, Chairman of the Surgical Section, No. 1800 Spruce street, Philadelphia.

———:o:———

Medical Notes and Comments.

By Charles A. Wall, B. S.

The January number of the Virginia Medical Monthly comes to us enlarged and enriched by the transactions of the Medical Society of Virginia for 1877. This is a mode of publication that is to be commended and other medical bodies would do well to copy it, since in this way a larger number of readers can be reached and influenced than when they are put forth in pamphlet form. The transactions comprise 192 pages which are valuable from begining to end. We have not the space to name the various papers presented, all of which are worth careful reading, but will only call attention to the *Report on advances in Hygiene and Public Health*, by L. S. Joynes, M. D., as an able résumé of the present knowledge upon this interesting and important subject. It shows signs of close research and many of its conclusions, especially in reference to the experimental introductions of the Eucalyptus into the Southern States, deserve to be followed. This number of the Monthly also contains an accurate engraving of Dr. Lewis A. Sayre, with a brief biography of this well known surgeon.

A small pamphlet of some eighty pages, containing the proceedings of the fourth annual meeting of the Medical Society of the State of Oregon has been received. It consists of the Minutes of the meeting, the address of the president, two papers and the constitution of the society.

The transactions of the Medical Society of the County of Erie, for 1877, contains nothing of permanent interest except the action taken upon the death of Drs. Winne, Hadley and Ayer, abstracts of which have appeared in this Journal.

Studies in Pathological Anatomy, by Francis Delafield, M. D. No. I. February, 1878. New York: Wm. Wood & Co. This is the title of a new

work to be published monthly, each paper consisting of two or more plates with accompanying text. The first twelve will include the pathological anatomy of pleurisy, of peritonitis and of meningitis. The first number has three full paged plates drawn by the author and represent: plate 1. flat connective tissue cells, plates 2 and 3, branching connective tissue cells, with three pages of descriptive text. Dr. Delafield has already done noble work in this field and we tender him our very best wishes for the success of his new venture.

Dr. Wm. Goodell presented as his address on retiring from the presidency of the Philadelphia County Medical Society, a sketch of the life and writings of Louyse Bourgeois, which will be found readable and of more than passing value. He gives us a slight glance of the state of the profession in the sixteenth century, and brings out in strong relief, its relations to the royal household of France.

Prof. L. P. Yandell, Jr., M. D., in an able paper upon Malaria and Stuma read before the American Dermatological Association and printed in the *American Practitioner*, Jan., 1878, claims for Malaria and Stuma a place, as cause of skin diseases, that is radical and extreme. He says: "I hold that in Malaria we find the chief source of acute skin diseases, and that to scrofula most of the chronic skin diseases may be traced; and that the more inveterate examples of either class are commonly due to a coéxistence of these two causes. And, furthermore, that the favorable or unfavorable course and termination even of the exanthemata are largely influenced by the presence or absence of scrofula and malaria in the patients." He first endeavors to prove that malaria is everywhere present; then gives pathological and therapeutical evidences of the malarial origin of acute skin diseases; and lastly, the evidences of the influence of stuma upon chronic cases, are discussed. The paper brings forward some new ideas that are of value and should be acted upon in many instances. That the conclusion is established, that malaria and stuma are the chief causes of skin diseases, is much to be doubted and time, as it brings clinical facts to bear, will, alone, be able to decide the truth of the statement.

Dr. J. V. Shoemaker calls attention to the uses of the bath in the treatment of skin diseases. In the valedictory address to the class on diseases of the skin at the Philadelphia School of Anatomy and Surgery, he says: "The bath not only cleanses the body, but preserves the health, prevents and assists in the cure of disease by draining from the skin the impurities that have been cast out by the system." He shows the importance of the function of the skin and the manner in which extra labor is thrown upon the lungs and other viscera when the skin is unhealthy. All varieties of the bath are described and their use as indicated, and he ends with the wish that public baths might be established in every city.

On the Recognition and management of the Gouty state in Diseases of the Skin, is the title of a paper published in the *American Practitioner*, Nov., 1877, by L. Duncan Bulkley, A. M., M. D., in which he brings forward many points to show that the effect of gout upon skin diseases, has not been as carefully studied as it deserves. The following by the same author present many new facts. On the so-called Eczema Marginatum of Hebra; read at the first annual meeting of the American Dermatological Association; reprint from the *Chicago Medical Journal and Examiner*, Nov. 1877. Are Eczema and Psoriasis local diseases of the skin or are they manifestations of constitutional disorders? Read before the International Medical Congress, 1876.

On certain points relating to the nature and treatment of Lupus, by Henry G. Piffard, A. M., M., D. Read before the Medical Society of the State of New York, 1877, is a paper that will interest many.

We are in receipt of the reprint from the *British Medical Journal*, Dec. 1877, of a paper on Battey's Operation, by J. Marion Sims, A. M., M. D. Dr. Battey and his method of removing the ovaries in cases imperatively demanding this radical procedure, are well known to American readers, and we congratulate him upon having so talented an advocate as Dr. Sims to present his case before the profession in England. The operation has been performed twenty-eight times since it was first proposed by Dr. Battey in 1872; twelve being done by the originator, while Dr. Sims stands next with seven cases. This operation is now justified by its success and perhaps it is well that it should take the name, as Dr. Sims suggests, of its originator, and as we have Syme's, Peragoff's and Graeffe's operations so let this be known as Battey's operation.

Dr. W. H. Wathen has reported in the *Louisville Medical Record* six interesting cases which he has reprinted under the title of *Clinical Gynæcology*, the most important being case first, on Utero-Tubal pregnancy, with dropsy of the villi of the chorion. We do not remember to have seen the record of a similar case.

Dr. Easley reprints from the Feb. number of *Richmond and Louisville Medical Journal* a case of Intra-Uterine Submucous Fibroid. The conclusions arrived at in this article are sound and show that the author has carefully considered the subject in all its bearings.

Professor Lewis A. Sayre, M. D., gives a succinct history of the plan of treatment of Pott's Disease by suspension and the use of plaster of Paris bandage, in which he clears himself from the charge of plagiarism of which he was so unjustly accused. Dr. Sayre has given to others full credit in all of his publications, so far as we could judge, even before we received this latest proof, and we hope that every one will be satisfied.

Circular No. 10. Approved Plans and Specifications for Post Hospitals, Surgeon General's Office, Washington, Oct. 20, 1877. This work consists of

ten plates with descriptions and specifications to go with them. The plans are for regulation Post Hospitals of from six to twenty-four beds, and are designed for various localities in accordance with the surrounding circumstances. They are four in number the first two plans consisting of a central administration building and wards, as wings, one story in height. Plan 3 is for malarial regions and the wards are therefore placed on the second story. Plan 4 is for a provisional hospital of 6 or 8 beds to be built of logs or other material at hand. These plans are modern in every particular.

We have not the space to notice many pamphlets which lie before us, and would refer the reader to the proper head in this number where the titles are given in acknowledging their receipt.

'E. A. Carpenter in *New Remedies*,' "a friend of mine, an English chemist, laughs at the idea of bicarbonate of sodium being a new treatment for burns. He says, that in England, twelve years ago, it was known to all working chemists." Many cases have been reported lately of the use of this remedy, and if it does half that is claimed, it is a grand step forward in the treatment of these painful accidents. We hope that all who may have experience will inform the profession.

The *Philadelphia Druggist and Chemist*, is the name of a new monthly, edited by C. C. Vanderbeck, M. D., Ph. D., devoted to Materia Medica, Chemistry, Therapeutics and the Collateral Sciences. Each number consists of 35 closely printed pages containing many things of equal importance to the Physician, Druggist and Chemist. The price is only $1.50 per year, to be forwarded to the Editor at No. 1011 Walnut St., Philadelphia.

The *Western Lancet* has changed hands, George Hewston, A. M., M. D., and James Simpson, M. D., assuming editorial control. The March number, owing to delay in issuing the Journal, constitutes No. 1 of Vol. VII, and in consequence, the volume will hereafter commence with March instead of January. We bespeak for the new Editors a cordial reception.

The January number of the *St. Louis Medical and Surgical Journal*, has taken on a new cover with a change of Editors, Drs. J. F. Rumbold, and H. Christopher succeed Drs. Edgar and Dean.

Dr. Priest has withdrawn from the *Toledo Medical and Surgical Journal*. Drs. Chapman and Waddle remain editors as formerly and have associated with them Drs. Collamore and Currey.

Drs. Miles and Bramble have closed their connection with the *Cincinnati Medical News*, Drs. Thacker and Reed being the sole proprietors and editors; the former will act as manager of all business.

Macmillan & Co., London and Cambridge, and 22 Bond Street, New York, have sent forth a prospectus of a new Journal, soon to be started. The title page reads as follows: The Journal of Physiology, edited with the co-oper-

ation in England of Prof. A. Gamgee, F. R. S., of Manchester; Prof. W. Rutherford, F. R. S., of Edinburg; Prof. J. B. Sanderson, F. R. S., of London; and in America of Prof. H. P. Bowdich of Boston; Prof. H. N. Martin of Baltimore; by Dr. MICHAEL FOSTER, F. R. S., of Trinity College, Cambridge. It will be published in parts not at rigidly fixed times, but according to the supply of material. Four or six parts will form a volume of about 500 pages, at £1, 1s or $5 25 (gold.) The first part will soon appear.

Dr. W. L. NICHOL has retired from the editorship of the *Nashville Journal of Medicine and Surgery*, Dr. C. S. Briggs continues as sole editor.

IT may be of interest, to many, to know that a house for those having acquired the opium habit, has lately been started. It is located at Brooklyn, N. Y., is called Parrish Hall, and as will be seen by its advertisement, is exclusively devoted to the welfare of those unfortunates who may place themselves within its influence.

———:o:———

WE take pleasure in calling the attention of the profession to that important remedial agent, Lactopepsin, so highly recommended by many leading physicians. Composed as it is of sugar of milk, pepsin, pancreatine and other digestive fluids, we see no reason why it should not be extremely useful in all cases where indicated.

ERRATA. March number, page 296, second line, instead of Boston read Barton in Dr Mursick's correspondence; and in Dr. Hamilton's article on page 310, line 13 read "pouring oil into each other's, etc.," instead of "pouring into each other's, etc."

———:o:———

Books Reviewed.

Materia Medica, for the use of Students. By JOHN B. BIDDLE, M. D. Eighth Edition. Philadelphia: Lindsay and Blakiston. 1878. Buffalo: T. H. Butler. pp. 462. Price, $4.00.

No better evidence of the opinion in which this volume is held, could be given, than the fact that the seventh edition, has been exhausted in little more than a year. It has been carefully revised, much of it has been recast and even rewritten and many new articles have been added. An earlier edition was noticed in a previous number of this Journal and we fully agree in the high estimate placed upon it in that article. We know of no work upon Materia Medica which excells it or is of more value to the student and busy practitioner. Any physician unprovided should immediately purchase it.

C. A. W.

The Action of Medicine. By ISAAC OTT, A. M., M. D. Formerly Demonstrator of Experimental Physiology, University of Pennsylvania. With twenty-two illustrations. Philadelphia: Lindsay & Blakiston. 1877. Buffalo: T. H. Butler. pp. 164. Price, $2.00.

The wide spread of skepticism in medical circles with regard to the possible beneficient power of drugs which has touched the profession like a blight promises to be of use in stimulating investigation, and is already leading to greater exactness of knowledge.

Dr. Ott has prepared this little volume as a text book for classes in practical physiology but it cannot fail to be valued by thinkers and workers who have neither time nor opportunity for extensive vivisection. "How to study the physiological action of medicines." "Action on the nervous system" and "Action on the circulatory apparatus" are treated in different chapters." Suggestions as to animals used, plates of apparatus and modes of procedure are given.

The fourth and closing chapter is devoted exclusively to medicines, and contains most of what is known of the action of some thirty or forty powerful agents, arranged under the usual heads; "Action on lower animals, on man, and in disease." It is not a book calculated to please the cursory reader and must be studied to be appreciated. It is a credit to the profession that the want of a text book of this sort has been felt, and not less creditable, that the want has called forth a response from one careful worker, clear thinker, and judicious teacher. M. B. M.

Transactions of the Medical Society of the State of Pennsylvania, at its Twenty-eighth Annual Session, held at Harrisburgh, June 13th, 1877.

The plan of this volume is different somewhat from that of a similar one issued by the Medical Society of the State of New York whose sessions are mainly occupied with the President's address and the reading and discussions of original papers of considerable number and merit, which are voluntarily communicated by delegates. The Pennsylvania State Society at its annual session has an address by the President and also addresses in the departments of Medicine, Obstetrics, Surgery, Hygiene and Mental Disorders by regular appointees and the presentation and discussion of original communications of which the report for the last meeting contains but six. Following report of these, the volume presents selected reports from eighteen county societies of matters of general reference to a locality or of note-worthy cases or experience reported by members of County Societies and recommended by the

County Society to the Standing Committee of the State Society for examination, discussion or publication as the letter may direct. In this way two hundred pages of material are obtained for the volume which is thus made of more particular interest to physicians of different localities and some desirable material brought forth. The plan is an excellent one for County Societies as it encourages more general report of individual experience, and greater ability in observation is likely to be developed by it.

The addresses contained in the volume are quite meritorious. S. B. Kiefer, A. M., M. D., treats under this head, of Puerperal Convulsions; John Curwen, M. D., of Mental Disorders quite interestingly and of length; Benj. Lee, A. M., M. D., of Hygiene; and H. L. Hodge, M. D., of Surgery, giving a very excellent résumé of the latest advances in this department. An original communication by P. D. Keyser, M. D., of Wills Ophtholinic Hospital presents cases of conjunctivitis, blepharitis and pterygium which he considers arose from defects of refraction and accomodation. Robert B. Mowey, M. D., in his Presidential address makes the following statement in reference to an address lately delivered before the Royal Microscopical Society :

"Mr. Loeby belives that the visibility of minute objects with the best microscopes now constructed is limited to an object, the size of which would be between the 1, 80.000th and the 1, 100.000th of an inch; he then says that, according to the mathematics of Sir Wm. Thomson, there is contained in the 1, 80.000th of an inch about 2.000 molecules of water, and therefore in order to see these molecules, it would be necessary to use a magnifying power of from 500 to 2.000 times greater power than the best now in use; and if we could construct one of such high powers, it could not be used, unless the waves of light were some 1, 2.000th part the length they are now supposed to be, and our eyes were also correspondingly improved in perfection."

W. W. M.

A Guide to Therapeutics and Materia Medica. By ROBERT FARQUHARSON, M. D. Edin. F., R. C. P. London. Lecturer on Materia Medica at St. Mary's Hospital Medical School, etc. Enlarged and Adapted to the U. S. Pharmacopœia by FRANK WOODBURY, M. D. Member of the Academy of Natural Sciences, Phila., etc. Philadelphia: Henry C. Lea. 1877, Buffalo: T. H. Butler. pp. 410.

A well considered attempt is made in this volume to render the abstruseness of therapeutics more rapidly comprehensible to the learner. Its brevity and clear unequivocal statements, comparison upon the same page of the physiological and therapeutical actions of medicines, tabulation of the different preparations of each drug and medium dose, antidotes, and how to use them,

arranged in connection with every possible poison mentioned, local and constitutional effects under distinct heads, all aid in securing the time and labor of the student. For this end also the complete primary list of the U. S. Pharmacopœia is alphabetically placed, so that instead of first searching through an index, needed information can be found at once if found at all. Remarks on certain classes of remedies as diaphoretics, astringents, &c. are sufficiently full and reliable. So are rules for prescribing. Dr. Woodbury's adaptation of the contents of the book to the wants of American students is neatly and well done. A volume might be written upon each of these medical agents. That the author has succeeded in stating so many facts in so few words is but one of the many distinctive features of excellence in the work.

M. B. M.

A Treatise on Gonorrhœa and Syphilis. By SILAS DURKEE, M. D. Sixth Edition. Philadelphia: Lindsay & Blakiston. 1877. Buffalo: T. H. Butler. pp. 467. Price, $3.50.

This work has become a standard authority and needs no recommendation to keep it before the profession. It has been tried and has not failed. It is the work of a master who after spending thirty years in study upon these important subjects puts forth a volume as the embodiment of his matured opinion. The desire of the author was to furnish a book that would be permanently useful, we feel sure that his object has been fulfilled. C. A. W.

———:o:———

Books and Pamphlets Received.

Injuries of the Eye, and their Medico-Legal aspect, by Ferdinand Von Arlt, M. D. Translated by Chas. S. Turnbull, M. D. Philadelphia: Claxton, Remsen and Haffelfinger. 1878.

The Source of Muscular Power, by Austin Flint, Jr., M. D. New York: D. Appleton & Co. 1878.

Reference and Dose Book, by C. Henri Leonard, M. A., M. D. Third Edition. Detroit. 1878. Price, 75 cents. pp. 100

Report of Committee on Military affairs. Bill for the relief of Wm. A. Hammond, M. D.

The action of the Nervous System, by John J. Caldwell, M. D. Baltimore. 1877.

Bathing, Cupping, Electricity, Massage, by David Prince, M. D. Reprint from *American Practitioner*. February, 1878.

Hydrobromic Acid, by Edward R. Squibb, M. D.

Operative Treatment of Vascular Tumors of the Eyelids, by H. Knapp.

On the operations for Traumatic Colobomata of the Eyelids, by H. Knapp. Reprint from Archives of Ophthalmology and Otology. Vol. V. No. 1. 1876.

Meteorology in the Service of Medicine, by Dr. J. Schrieber. Translated by W. H. Sedding, M. D. *Richmond and Louisville Medical Journal*. Feb. 1878.

Report on Dependent and Delinquent children, by Wm. P. Letchworth, of Buffalo, N. Y.

Twenty-fifth Annual Report of the Penn. Training School for Feeble-minded Children.

Proceedings of the Association of Medical Officers of American Institutions for Idiotic and Feeble-minded persons. 1876 and 1877.

Report of Penn. Hospital for the Insane for the year 1877.

Report of the Butler Hosp. for the Insane. January, 1878.

Annual announcement of the Med. College of the Pacific, session of 1878.

Higher Medical Education, the true interest of the public and of the profession, by Wm. Pepper, A. M., M. D. Philadelphia. 1877.

Lectures and Essays, by Virgil W. Blanchard, M. D. New York. 1877.

The Truth Admitted. The Columbia Hosp. for Women at Washington. Reprint from Richmond and Louisville Med. Jour, Jan. 1878.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. MAY, 1878. No. 10.

Original Communications.

———:o:———

ART. I.—*Median Lithotomy*, by CHARLES A. WALL, B. S.

The question as to the best mode in operating for the removal of vesical calculi, has been one agitating the minds of the profession ever since the procedure was rescued from the hands of charlatans, and placed upon the sound basis of a recognized and approved surgical act. Lateral lithotomy has been for centuries, and is today almost exclusively followed, notwithstanding the fact that many other methods have been proposed and strongly advocated by some of the leading writers upon the subject. It is the object of this paper to endeavor to show that too high an estimate has been accorded this operation, and that another has equal, if not superior, claims to our attention. We shall give, in brief, the various operations, mentioning those only which are essentially different, and then the advantages of the median.

The super pubic,* cutting on the gripe and rectal,* have all been assigned to well deserved oblivion and command no notice, being pre-eminently unscientific and without advocates in this enlightened age. They were the children of a time when every one was totally unacquainted with the anatomy of the parts involved, and were, therefore, discarded as more light dawned upon this science;

*These may be employed when very large stones are found, but are not authorized as generally applicable..—Erichsen's Surgery, vol. II, p, 772.

and as the serious nature of any injury that would follow unskillful surgery was revealed, a more exact and correct practice was adopted.

The only operations that remain are those done in the perineum, which naturally divide themselves into two classes,—the lateral, and the median, each having many modifications, conforming in the greater part with its type. Lateral lithotomy is made with section of the prostate, most often to the left of the median line; median lithotomy, on the other hand, is usually made without any such section, the incision only extending to the urethra. We make this the distinguishing characteristic between the two types, and in speaking of them will keep the fact prominently in mind.

The lateral is so well known that it needs no description. A grooved sound, having been introduced through the urethra into the bladder, an incision, beginning near the center of the perineum at an angle of about 30° to the left, is made to it, and the knife is pressed down the groove into the bladder and then carried out in the same plane as the external cut. These few words readily recall all the minutiæ of the operation, and we proceed to mention some of its changes, of which the most important is the bilateral, where two incisions are made in like manner, one to either side. Instead of the last some prefer to nick the neck of the bladder bilaterally with but one external incision; the lateral, however, is not used with dilatation of the urethra.

The median operation, as its name implies, is done in the middle line as follows: A longitudinal cut about an inch and one-half in length is made in the perineum, extending to within half an inch of the rectum and down to a grooved staff in the urethra. A probe is then passed by the side of the staff and the latter withdrawn. The probe serves as a guide to the membranous portion of the urethra, which is now to be slowly and carefully dilated; it can be most safely accomplished by introducing the finger into the bladder, which may be at the same time thoroughly explored, and the size and nature of the stone determined. The finger being withdrawn, the lithotomy forceps are passed in, the stone seized and taken out, gradually enlarging the canal before the calculus, by the gradual enlargement of the forceps as the blades pass over the

stone. The varieties of this operation are numerous and differ widely from each other and are in some respects deviations from the prototype. The most important are the median with section of the prostate, medio-lateral, and the medio-bilateral. The incision in the first is carried down and the prostate cut in the same plane as the external wound. Prof. Gross, in his surgery devotes ten lines to median lithotomy, five historical, five descriptive. He says: "It is not difficult to conceive that this operation might answer admirably in cases of small calculus, while it might be very objectionable in large ones, on account of the inadequancy of the wound, which is comparatively diminutive." It is a dangerous procedure from the liability of wounding the rectum and the prostate may be too largely divided. The medio-lateral and medio-bilateral are made, nicking the base of the bladder in a lateral and bilateral direction respectively, the first part following the same line as the median operation. There are many changes in the details of the types, and even in their modifications which are considered by the originators as of prime importance, that we have no space to notice, such as the relative length of the external incision, the exact spot that the cut must begin, the angle of the divergence in the lateral, the size of the division of the prostate, the point where the urethra shall be reached, the form of the staff and shape of the knife used, and the way in which the calculus shall be seized and extracted; all are of minor consequence, and few agree upon any one in every particular. The manner in which the plan is to be carried out, is with the individual surgeon, and is modified as circumstances may present, following it is true one of the authorized operations.

The relative advantages and dangers of either type will determine the advisability of its adoption; and it is only by a careful theoretical study of the parts involved, combined with large clinical researches that the question can finally be settled; theoretically they may be discussed, many facts presenting themselves as undoubtedly true.

The lateral is the quickest to perform, the bladder is most easily reached, and the stone can be seized and removed without difficulty; but it has many dangers, such as the too great section of the

prostate, injury to the ejaculatory ducts, and severe if not fatal hæmorrhage from severing large arteries which are so abundantly distributed to the perineum. The last is an objection of such importance that many lithotomists after once encountering it have discarded the operation and selected some other as more desirable. To the median a great number of objections have been urged; abscesses of the neck of the bladder from contusion in withdrawing the forceps, cutting into the rectum, incontinence of urine as a sequela, and lastly, impossibility of the removal of large calculi without rupturing the base of the bladder; the only real advantage allowed it by its opponents being the small wound made in reaching the membranous portion of the urethra; there is, moreover, less danger from arterial lesions. Let us consider these a little more at length. Abscesses are due to violence and force being used, and may be guarded against by allowing the parts time to dilate. Time is of no especial consequence, since the patient is under the influence of an anæsthetic; there is no need to be as expeditious as the older surgeons who prided themselves upon the rapidity with which they could cut for stone; plunging in the knife, introducing the forceps, and extracting the calculus, all in a few seconds of time. That the urethra will expand if time is allowed most will acknowledge, and that the time may be given without prejudice to the patient none can gainsay. In speaking of lithotomy in general Gross says: "Incontinence of urine, consequent upon perineal lithotomy is happily unfrequent." This is as true of median as of lateral; statistics do not carry out the statement that incontinence occurs in more than a small fraction of cases. In support of the last objection, we might bring forward good authority, and it is upon this that most of the opposition is laid. If it can not be removed the operation can never hope to gain universal endorsement. Holmes, Ashhurst, Hamilton, Druitt, Bryant and Gross all discourage lithectasy as *contra-indicated* in all cases of large calculi, and as having no counterbalancing merits. If only useful in small calculi then it will never be performed, for a mistake in the diagnosis, as to the size of the stone, would render a change of plan necessary. We think that this vital objection has been successfully overcome by a method that Prof. J. F. Miner

has taught and practiced for many years, and which he calls lithotrity through the perineal section. Attention has often been called to this before, and Dr. W. T. Briggs also mentions it in a paper read at Chicago last year, upon 'Medio-Bilateral Lithotomy,'* and although he says that in his opinion no stone should be removed entire through the pelvic outlet, which will require for its extraction a sufficient amount of violence to bruise or lacerate the perineal tissue, and any stone too large for medio-lateral is too large for the lateral or bilateral, still he brings this as *the* objection to the median. In reference to large calculi, he writes: "Other means must be adopted when this complication is met with, and the most rational measure in my opinion is perineal lithotrity." This is as applicable to the median as to the medio-bilateral, and is sufficient answer to the objection long considered as the critical one which if met would bring the operation to the front rank and ensure its adoption. Dr. Miner employs that well known operation called after Allerton, who first brought it prominently before the profession; and if the calculus is found so large that it can not be removed entire he seizes and crushes it, when the pieces are easily extracted. All débris are washed from the bladder by means of a catheter passed into the urethra. This procedure has been looked upon with fear by surgeons; why, we can not tell, for to us the danger does not seem greater than in lithotrity per urethra, nor, indeed, so great, since no pieces are left to irritate the surfaces exposed.

The advantages of the median are many. It is the easiest to perform; all the parts exposed to the knife may be open to the eye of the surgeon, the timid having the opportunity to dissect slowly and carefully until the staff is reached, after which the knife is dispensed with. The parts involved are the least freely supplied with blood vessels; it seems as though the raphé was intended, by its exemption from important nerves, arteries, or veins, to be the place where lithotomy should be done. Nature laid the affliction, but likewise made this particular line nearly exempt from peril. If care be taken not to go too far forward, thereby wounding the bulb, and the incision restrained one-fourth of an inch before reaching the rectum, no harm can possibly result.

*Transactions of the American Medical Association, vol. 28, p. 529.

No other operation has this advantage, and it is, therefore, the simplest and safest. Practically, little can be said either in favor or against; while over eight thousand cases of lateral lithotomy are recorded and tabulated by Gross, less than five hundred of median can be referred to, in various reports scattered through English and American works. Gross gives a result of 1 in 10.9 for median, lateral being for European operations established as 1 in 8. The statistics carry little weight, because the mortality must depend upon the age, condition and temperament of the patient and the skillfulness of the surgeon. We know of no work equal to Erichsen's surgery for a dispassionate discussion of the relative merits and demerits of the two types, and recommend it as worthy of close study. Although an advocate of the lateral, he gives the median credit for a few advantages and advises its employment in certain classes of cases.

In comparison with lithotrity the median has one advantage; there is but one operation and the bladder is left free from any source of annoyance. The reason that lithotrity is considered so safe may be from the fact that its cases are selected, lithotomy being performed upon the more severe. Every case which is fit for lithotrity would be sure to recover from median lithotomy.

We consider the following as demonstrable facts in reference to median lithotomy:

1. *It is the easiest to an inexperienced surgeon.*
2. *It is the simplest and safest.*
3. *Lithotrity has no advantages over it.*
4. *Applicable to all cases; large calculi must be crushed and removed in pieces.*
5. *The wound is the minimum.*
6. *There is the least loss of blood.*
7. *No danger of urinary infiltration.*
8. *Theoretically it indicates more recoveries; practically statistics are not full enough to prove anything.*

I take great pleasure in reporting the following cases, as illustrative of median lithotomy, as explained above:

CASE I.—*Median Lithotomy, Recovery—by Prof. J. F. Miner, M. D.* The patient was a Pole, seven years of age, who had showed

all the symptoms of urinary calculus since birth. His parents were poor, ignorant, and had a large family, so that little could be gleaned from them concerning his past history. It was ascertained, that he had been from birth, a cross, fretful, peevish boy, and when he could talk accurately described the symptoms found accompanying stone. Pain was so severe that large quantities of opium were administered with little effect; sudden stoppage of the urine when micturating, and elongation of the prepuce were the most noticeable diagnostic signs. During March, 1877, he came under the treatment of Drs. Dorr and Packwood, who diagnosed vesical calculus and advised an operation. To this the parents consented, and Dr. Miner was asked to operate, which he did April 4, in the presence of a number of physicians and a few medical students. He proceeded about as follows: Dr. Cronyn having brought the patient under the influence of an anæsthetic, a grooved sound was introduced into the urethra as far as possible; but it could not be passed into the bladder, for it came in contact with a hard body beyond which it could not be forced. An incision was now made in the median line until the staff was reached, and a probe having been entered, down the groove and by the side of the stone, into the bladder, Dr. Miner gradually and gently dilated the opening, using the probe as a guide. The sound was withdrawn and the calculus forced into the bladder by the advancing finger. After giving time for the parts to expand, a medium sized pair of lithotomy forceps were entered and the stone seized and extracted. This was done slowly, that the tissues might dilate and not tear. The bladder was again explored and found free. The wound was dressed with warm cloths and the patient put to bed; a small opiate quieted him when restless, but after the first day none was needed. He began to improve immediately, and after two weeks urine passed per urethra; at the end of five weeks he was dismissed from the Hospital, having been well for a number of days. July, 1877, Dr. Dorr informs me that he is better than ever before during his life, and has entire control of his urine. The calculus consisted of two nearly equal parts, joined by an isthmus three-eighths of an inch in diameter and one-eighth of an inch in length. It was two and one-half inches long, and one

and one-half inches in diameter. Its weight was three hundred and fifty (350) grains, and it probably consisted of two calculi, which by lying in contact became joined. They were separated in removing, but lay in the forceps in the same relative position as while in the bladder. The calculus being seized in the long diameter was removed as easily as if it had consisted of only one of these parts. The two portions were of nearly equal size, the lower weighing six grains the more; it was also longer and conical in shape, projecting into the urethra, which it completely filled and was the impediment which the sound encountered. The upper part was nearly round, and the axes of the two were inclined at an angle of about one hundred and forty degrees. The calculus was not as large as one previously removed by Dr. Miner from a boy aged 12,* but is of interest from its peculiar shape and its size, the youth of the patient being considered.

Case II.—*Median Lithotomy,—Calculus Crushed,—Recovery—by Prof. J. F. Miner, M. D.* Mr. T——, aged 46, of Bradford, Pa., had suffered for over three years with urinary calculus, and was advised by his physicians to consult Dr. Miner. He was much emaciated; urine constantly dribbled away, and it would often stop suddenly while passing a full stream. For some time he had used large quantities of opium, taking three to five grains at a dose. He showed me a piece of crude opium from which he was accustomed to break off a piece and eat it; the habit, however, was not confirmed. for as soon as the cause was removed he ceased to use it. Nov. 7, 1877, Dr. Miner sounded for stone, but was unable to obtain any confirmatory evidence. On the following day, upon a second examination, a large calculus could be felt without difficulty, and Nov. 10 he operated, in the presence of Drs. McWharf, of Dunkirk, O'Brien, Greene, W. W. Miner and Brush, and twenty medical students. The patient having been anæsthetized, the bladder was reached and the forceps introduced (as in Case I), but instead of removing the calculus entire, it was crushed and the pieces extracted separately, which was easily done, since it was soft although large. After the larger pieces had been taken out,

*Buffalo Medical and Surgical Journal. Vol. XIV., No. 9, p. 325.

a catheter was passed into the bladder, per urethra, which was thoroughly washed; all particles remaining being driven out with facility through the perineal incision. The wound was dressed with warm water dressings and the patient placed in bed. He took very little anodyne, and that for a few days only, when he dropped opium entirely and went on to a good recovery. Nov. 19 he returned to his home; he could then control his urine for about two hours, and the wound was nearly healed. He writes lately that he is entirely well and has been attending to business since he went home more attentively than he had been able to do for a year previously. The calculus was soft and light, but of considerable size; it must have been two inches in its smallest diameter; the larger fragments weighed one and one-half ounces, and care was not taken to save any of the pieces which were washed out, some of them being larger than beans. The objection to the median operation that incontinence of urine is apt to follow has been referred to before, and does not seem to be practical but rather theoretical, and more imaginative than real. In this case the result was truly gratifying ; in less than two weeks after the operation the patient was sent home with control of urine for a reasonable length of time. This case is illustrative of those in which the calculus is found too large for removal entire. It is far easier to crush the stone through the incision than through the urethra, and every particle can be washed out. The dangers of lithotomy are not from abscess, incontinence or urinary infiltration, but from previous cystitis, organic kidney disease and general debility, leaving the patient too weak to rally from the prostration already established.

As the Median seems to present most to recommend it, so do we look to see it adopted to the gradual exclusion of all others. The time will be long on its way, but, perhaps it may come, when the median shall hold the enviable position now occupied by the lateral as first choice among operations for stone.

ART. II.—*Recto-Vaginal Fistula.*—Operation at Buffalo General Hospital, by Prof. J. F. MINER, M. D. Reported by CHARLES G. STOCKTON, M. D., Resident Physician.

On the 8th day of January, 1878, Mrs. L—— became a patient in the Buffalo General Hospital, to be treated for recto-vaginal fistula. She was American, 41 years of age, for some time past a widow, and had been occupied as house-keeper. Something less than six years since she became for the first time pregnant, and at the expiration of the full period was delivered, after the employment of forceps, of a male child of ordinary size. A perfect history of the delivery was not obtained, but the perineum was ruptured and measures were not taken to correct it. The general condition of the patient had always been good, but subsequently to her injury she suffered from involuntary discharges of gas and fæcal matter except when her bowels were kept confined.

On the date of her admission she appeared at Prof. Miner's clinic, and the examination exposed a fistulous opening, resolving the vagina and rectum into a single canal, extending from near the *cul de sac* of Douglass outwards through the entire septum. Before proceeding with the operation the Professor addressed the students, to the effect that he was very glad to have an opportunity of presenting one from a class of cases of great interest, and interesting indeed was the history of vesico-vaginal and recto-vaginal fistulæ, and of the operative procedures invented for their alleviation; conditions that must have arisen in all ages, and only recently completely remedied, and even now the perfect cure of some varieties was a matter of doubt, and such a case was that now present. The matter had been long discussed, but no reasonable treatment was suggested until the sixteenth century, and nothing like success was accomplished until 1864, when our own countryman, Prof. Sims, announced an operation which, by certain discoveries and improvements over the methods of others, was said to contain for the first time the essentials of success. The difficulties were to expose the fistulous tracts to view, to render them available to approach and operation, and to protect the parts from the irritating excrements that must find an exit. These difficulties were met and overcome

in manners varying with the extent and character of the affections, and patients were relieved of the most uncomfortable conditions. Fæcal fistulæ were the first to receive surgical assistance, but contrary to what might have been expected the best results were not obtained upon this affection. Text-books contained ample directions, and journals reported flattering accounts of operations, which, in point of fact, were only comparatively successful.

You are to remember that these cases were, some of them improved, some impaired, and others probably cured. In the reports of surgical manipulations it too frequently happened that the *successes* only were reported, and not the failures. You are to understand that not alone the general practitioner would have unfavorable facts to record regarding these cases, but also those who were termed experienced surgeons; some of the very best having failed to make the lacerated septum grow together, and it is even more difficult to obtain union where the fistula arises from an ulcerating or specific condition. In a case very similar to that under consideration the unhappy patient had been seven times operated upon without material improvement, and at this stage the case came into the Professor's hands. As the previous efforts were made by skillful men, after the usual method and with slight advantage, he devised a new operation, and for the first time put it to trial. It consisted in cautiously dissecting from its attachments the lower end of the rectum, seizing it and drawing it down so that the upper part of the fistulous opening corresponded to the surface of the verge of the anus. The rectum was severed at this point, and the extremity stitched carefully to the integument of the adjacent parts; thus securing a new septum of sound, uncicatrized tissue, dispensing with all efforts to obliterate the fistula. The result of this operation was very gratifying, both to patient and surgeon, and he believed the suggestion might yet prove valuable.

Of the case now waiting for cure, he explained that the separation was very complete and extensive, and he would attempt to correct it by the ordinary method. Anæsthesia was procured by the administration of pure vapor of ether, and the patient, with very few struggles, soon became insensible to

pain. Her position was that commonly employed in lithotomy; an assistant on either side steadied the knees and held apart the labia, while a third lifted the anterior vaginal wall by means of a Sims' speculum. The septum was now well exposed and thus held by the hooks, while the edges of the fistulous tract were pared by a sharp bistoury, and the margins were approximated and retained by interrupted wire sutures placed closely together.

This constituted the first operation, the closing of the perineum being left for another occasion. A catheter was introduced and the bladder evacuated frequently. On the day following the woman was quite cheerful and painless; the next day her pulse had increased from 90 to 110 per minute, and her temperature from 98° to 101° Fah. The fourth day, Jan. 12th, she anticipated her expected period ten days. She also suffered from rigors, and what she had not previously experienced, general *malaise* attended the rise in pulse and temperature. The wounded parts were too sensitive and red; and that these were the *prodromi* of erysipelas was established by the bright blush that soon overspread the neighboring parts. The patient was removed to an isolated "Pavilion" ward, under the constant attention of a faithful nurse. Ventilation, temperature, diet and hygienic measures generally were carefully regarded; the sanguinous discharge was removed by frequent ablutions, and opium, which had been before used for the effect of constipation, was continued.

January 13th, pulse 160, temperature 105° Fah. Quinine and the Tr. of Cloride of Iron were prescribed by the house physician, and Iodine in tincture, was applied to the erysipelatous surface.

January 19th, pulse 110. temperature 100° Fah. She convalesced steadily, and an attempt was made to remove the sutures, January 18th, but the union was found too imperfect to allow it and the removal was delayed one week later.

February 13th it was first deemed expedient to make the second operation. Prof. Miner remarked that the inter-current disease had disturbed his plans; that the erysipelas appeared grave, involving the greater portion of the body, but she was now in fair physical condition, owing to what was usually denominated

therapeutics, by *doctors*, but was in fact the natural tendency of the disease. He wished the class to go out to their work with a distinct knowledge that many diseases are self-limited, and markedly so erysipelas. The exposure might be owing to the work of man, but its cure is entirely natural, perhaps uninfluenced by medicines. This patient was restored by removal to a ward that had on all sides free, pure air, by attentive nursing, ventilation and good diet. Since quinine and iron had been administered, he could not prove that in this case they had no particular effect, but he maintained that the progress of erysipelas depends not upon medication.

The patient having been etherized, the ruptured perineum was pared and brought evenly and accurately together, and deep quilled sutures used for retention. The urine was voided through a catheter, and the bowels kept constipated for ten days, and then the expulsion was assisted by proper enemata. After this the woman considered herself as well as ever. At a final examination of the patient three weeks later, the operator remarked that this was one of his best results, and the repair seemed perfect, and the physiognomy of the parts perfectly natural.

———:o:———

ART. III.—*Extract of Malt and Phosphorous Compounds in the Treatment of Phthisis.* By ELWOOD C. LESTER, M. D., Philadelphia, Pa.

Perhaps, with the exception of pneumonia, there is no disease the treatment of which is in a more chaotic state than phthisis. There is not a single remedy, out of the hosts of specifics which have been offered, that really is accepted by the profession. Cod liver oil, which of all remedies has the most advocates, in a large per cent. of cases disorders the digestive functions, and thereby inflicts a larger degree of injury than benefit. The bark of the wild cherry with sulphuric acid will unquestionably do a greater aggregate of good. Naptha is almost a thing of the past, and the

phosphorous compounds are involved in the confusion of statements made by friends and foes, so that it is difficult to arrive at a satisfactory estimate of their value. As is well known, in 1855 Churchill took the ground that the deficiency of phosphorous in the formula of hypo-phosphorous acid in its oleo-nitrogenous association with alkaline and mineral bases, was the determining cause of phthisis. We all know that his theory as well as his remedy—the hypo-phosphites of lime and soda—were enthusiastically received, but he promised too much, and his extravagances in statement, I think, have in a large measure injured the reputation of his agents. A large per cent. of the failures which have followed the employment of the hypo-phosphites have resulted from relying upon them exclusively, to the omission of the adjuvants, and with an utter disregard of existing pathological conditions. The theory advanced by Dr. Polk, that by the deranged and deficient nerve influence transmitted from the medulla oblongata and base of the brain nutrition is disordered, and butyric acid is generated, is probably correct. Roussin's experiments have given the uniform results—butyric acid masks all the tests for phosphorous. With the strumous dyspepsia (as Sir James Clark termed the digestive disorder in which the acid condition is created), it is obvious that the acid condition of the chyle will destroy all the physiological and therapeutical properties of the hypo-phosphites, consequently to give hypo-phosphites without neutralizing this acid condition is the height of folly, for it must be evident that they will be held too firmly in the grasp of the butyric acid, will be changed into phosphates, and escape by the kidneys and bowels without partaking in the vital processes of the system. If this statement is founded in good philosophy, it must appear that nothing but disappointment must follow the usual manner of giving the hypo-phosphites. It seems that the butyric acid has less control of the calcium hypo-phosphite, and I have no doubt that nearly all the good that accrued from the employment of the compound syrup was given by this salt. The writer regrets not being familiar with the ideas of Churchill, further than that in 1855 he conceived the idea that consumption was in consequence of deficiency of the hypo-phosphites in the system, ; that during the two succeeding years

he tried the hypo-phosphites as remedial agents, and in July, 1857, reported his results in thirty cases to the Academy of Medicine, Paris. I am not sure whether he realized the antagonism between his remedy and the acid condition of the stomach and duodendum; if he did, and counteracted it, the writer can in a large degree accept his views. The writer had but just begun the practice of his profession in his native State (Massachusetts), when Churchill's remedy was announced. He tried it in a large number of cases; in a few the result was truly gratifying, but in a large per cent. no advantage was derived. So, with him, it fell out of favor, and by 1876 had ceased to be employed. During that year I began giving a patient five grains of the hypo-phosphite of lime and a tablespoonful of extract of malt three times a day. The patient, a lady of thirty, had been going from bad to worse under previous treatment. Cod liver oil, given in various forms and numerous vehicles had sickened her stomach; iron and quinia had seemed to predispose to hemorrhage, and to aggravate the cough; but ere two weeks had elapsed from the time she began taking the malt and hypo-phosphite of lime an improvement began, and continued until the lady seemed restored. I have since tried the same practice in about twenty cases, and so uniformly satisfactory has been the result that I have no inclination to try any other mode of treatment.

In infantile phthisis I have had satisfactory results accrue from the use of "Wheat Phosphates," made according to Tilbury Fox's formula, and "Organic Phosphates" made by Ashmead's formula. The therapeutics of phthisis may thus be summed up; A rich, nutritious diet, out door exercise, bowels regular, and rely on the extract of malt and hypo-phosphite of lime to improve digestion, emulsify the fatty portion of the food so as to obviate butyric fermentation and restore the missing phosphorous elements. Gallic acid, ergot and sulphuric acid to relieve hæmorrhage, also night sweats; sulpho-carbolate of sodium, salicine and quinia for chills, and hectic fever; wild cherry bark, hydrocyanic acid, cimicifuga, sanguinaria and morphia for the cough; tincture of iron, dilute phosphoric acid, quinia and strychnia, or the syrup of the Phosphates of Iron, Quinia and Strychnia as a tonic in anæmia, and the wine of beef and iron in the last stages of the dis-

ease to preserve the strength and support life, and render the last weeks of existence more comfortable.

This wine of beef contains all the nutrient principles of the flesh and blood of the cow, and in my experience, which has yet been limited to a few cases, it throws every other pharmaceutical preparation of beef in the shade. I am quite enthusiastic as to its value.

———:o:———

ART. IV.—*Abstract of the Proceedings of the Buffalo Medical Association.* April 2, 1878.

The President, Dr. E. R. Barnes, in the chair. Present: Drs. Barnes, Johnson, Habenstreit, J. F. Miner, Jansen, Bartlett, McNeil, W. W. Miner, Little, Brecht, Hauenstein, Samo, Trowbridge, Lothrop, Rochester, Cronyn, Hopkins, Howe, Mynter, White and Fowler, and by invitation Dr. A. M. Barker.

The report of the Treasurer, Dr. Fowler, was presented, and on motion Drs. Hopkins and Cronyn were appointed a committee to audit his account.

Dr. White, the essayist for the evening, had entirely forgotten his appointment as such until a very late hour, and therefore was not prepared to present a carefully written paper. He said he would not disappoint the members, and proceeded extemporaneously with his subject, "The Forceps," directing his remarks more particularly to a description of the different instruments, their use and manner of application. In a few words the Doctor gave a brief historical sketch of the obstetric forceps as employed in midwifery, with many practical hints as to their use. (We shall publish Prof White's remarks in our next as a separate article.)

Dr. J. F. Miner, in discussing the paper, said that Dr. White had long taught young men how to use the forceps, and he believed very correctly. He thought they often failed by not understanding how to apply and manipulate them; he had repeatedly seen young men greatly mortified at not being able to use the forceps successfully. The difficulty often lies in the manner of attempted application, the handles not being depressed enough to bring the blades in proper relation with the head. Chloroform is proper to

administer in instrumental delivery. You rarely observe any mothers perish from this process of labor, and it should be almost entirely unknown; but when death results it is from too great delay in their application.

Dr. Hauenstein thought that Dr. White had gone so ably over the ground that there was hardly anything he could add. He entirely agreed with him in the frequent use of the forceps when properly applied. Under such circumstances no harm can be done to either mother or child. He had been taught not to take instruments with him when called to attend cases of midwifery, as he might use them prematurely. He had learned from sad experience to carry his forceps with him to all labor cases; he once lost a patient from rupture of uterus., when her life might have been saved by the timely use of the forceps. Another difficulty of application is in carrying the instrument in a direct line, the blade becoming fixed in the folds of the vagina. The blade should be kept in close contact with the hand while introducing it.

Dr. Bartlett felt under obligations to Dr. White for his ideas on this subject. It was his practice now to apply the forceps much oftener than formerly. Laceration to external parts was liable to occur if much traction be made just as the head was emerging from the lower straight. At this stage uterine contraction is very powerful, and much laceration might often be avoided by retarding the rapid advance of the head; he usually supports the perineum with one hand while manipulating the forceps with the other. He had recently restored a prolapsed funis in three cases by means of a little device consisting of two long pieces of whalebone, to one end of each was attached a narrow piece of tape about four inches in length; by placing these pieces parallel with each other a loop was formed capable of loosely grasping the cord, when it could be safely lodged in the cavity of the uterus.

Upon this point Dr. White said, that when the cord had descended and could not be carried up, and the circulation cut off, he would apply forceps immediately; he thought the device shown an ingenious one, but not superior to a long flexible catheter, with the eye of which a loop of tape that has already been loosely attached to the funis can be held securely by means of a stylet; the

cord can then be introduced, and the stylet withdrawn, thus liberating the catheter.

Dr. Bartlett thought that it might be made useful when a catheter was not available.

Dr. White added, that the manner of application of the forceps should be upon the palmer surface of the hand. Dr. Flint and himself knew of a case where the blade was carried into the cavity of the abdomen outside of the uterus. Forceps should not be removed early, as they serve a useful purpose to retard too rapid progress.

After the conclusion of the discussion, the Auditing Committee reported that they had examined the vouchers of the Treasurer and found them correct. On motion, the report was received.

A mild form of scarlatina and influenza were reported under the head of prevailing diseases.

On motion, Drs. Wyckoff, Hepkins and J. F. Miner were appointed a committee to nominate officers for the ensuing year.

The committee reported the following nominations:

For President—T. Lothrop.
Vice-President—J. Hauenstein.
Secretary—Joseph Fowler.
Treasurer—F. E. L. Brecht.
Librarian—P. H. Strong.

On motion, the report of the committee was accepted, and the gentlemen named declared elected.

The Association then adjourned.

JOSEPH FOWLER, M. D.,
Secretary.

———:o:———

MISCELLANEOUS.

Medical Experts as Witnesses in Courts of Justice.

BY F. T. LEDERERMEER, ESQ., of St. Louis.

Scientists or experts can only give an opinion as to the probable effect of certain acts or circumstances, hypothetically stated. But they are not permitted to give an opinion on the point of inquiry, which the jury must decide. This would be in effect, to decide the case

for them, as it is termed in law, taking the case from the jury, an infringement upon its special province, and of the right of parties to have it tried by the jury. The sole object of this testimony is to throw light upon the subject matter of the inquiry at issue in the case on trial. It would defeat the object sought to be accomplished, if the witness brought into Court for the purpose of aiding the jury in coming to the right conclusion, were permitted by his opinion, to say that which ought and can only be determined by the jury. Therefore scientists or experts cannot, by their opinion, determine or give their opinion upon the point the jury is to decide.

It is therefore improper to ask a witness what in his opinion would be the effect, but the question should conclude, what might be the effect, or what would be the effect, or what would be the probable effect or result. To illustrate, in a trial for the larceny of a certain article of value, the attending physician cannot testify that in his opinion the taking was an act of insanity. He can only state that from all the facts it is his opinion that "the defendant was probably laboring or may have been laboring under a fit of insanity at or about the time of the taking." It is true, if the jury believe him, the inference is the same, but it alone can find the fact, and then act upon it. The jury may still find that the person was sane at the taking.

Scientists and experts are the only witnesses who are permitted or compelled to testify in a case, the facts of which are unknown to them, and which they have not heard detailed by the other witnesses. Hypothetical cases are put to them for their opinion as to the probable result or probable effect.[1] Where such a witness gives an opinion upon facts witnessed by himself, he must state the facts upon which he basis it. The reason for the above is evident, for if he could give his opinion without divulging the facts upon which it was founded, it would prevent others from understanding him, and what is of more importance, make him the judge and not merely a witness in the case. It would withhold evidence from the jury, upon which they must pass.[2] The facts upon which an opinion is asked must be undisputed, and not put in the alternative,[3] for opinions upon different states of facts would not assist either the Court or jury in arriving at a correct understanding, but the contrary. This does not exclude counsel on either side from asking an opinion upon a state of facts they suppose to exist or have tried to prove in the case. The supposed case must be clear and relevant to the evidence in the case, leaving it to the jury to find the facts and then apply the opinion. No opinion can be

1. U. S. vs. McGlue, 1st Curtis, 1; Perkins vs. Concord, 44 N. H., 223, 1 Parker, N. Y., 495, 48 Mo., 291; State vs. Smith, 33 Me., 369; Lake vs. People, 12 N. Y., 358; Stephens vs. People, 4 Parker (N. Y.,) p 396.

2. 26 Wend, People vs. Lake, 33 N. Y., 358, 8 Mass., 371, Gib. 225; White vs. Bailey, 10 Mich., 155.

3. U. S. vs. McGlue, *supra*.

given on a part of the facts in the case.[4] The soundness of this rule no one will doubt, the object being to enlighten and not to confuse the triers of facts.

An experienced physician, after having made a post mortem examination of the body of a female, may as an expert, offer his opinion as to whether she had been pregnant and what was the probable cause of her death.[5] Whether certain symptoms, particularly specified, were those of arsenical poisoning, the symptoms being the same related by another witness at the trial;[6] as to the nature of the affection complained of, its causes and curability;[7] as to the condition of a patient they have seen;[8] as to the kind and nature of the instrument causing the wound; in a murder case whether the wounds or injuries were likely to be the cause of death; whether certain circumstances would likely produce a paroxysm of the disorder. A physician cannot give his opinion as to whether a rape could be committed in a certain way or position, or under peculiar circumstances, nor as to the propable position of the body of the deceased when struck;[9] nor as to whether a fracture of a skull produced in Court is from a weapon also produced.[10]

The three last cases in connection with the cases where such testimony was admitted, and what has been said will tend to illustrate the rule, by which some cases are classified as proper for an opinion, and others not. That which is evident or comprehensible to persons of ordinary understanding cannot be the subject of an opinion for a scientist or expert.

There is only one more point in connection with the testimony of this class of witnesses necessary to be mentioned. This question seems to be misunderstood by many. It is as to the weight and conclusiveness of the opinions of scientists and experts. In France and Germany this has met the eye of the law makers, and received a solution, certainly more satisfactory to Court and counsel, than under the English laws relating to evidence and witnesses. There, this class of witnesses are called on by the Court to investigate the subject matter of inquiry in the case upon which their testimony is required. They are clothed with the authority of the Court during their investigation and report to the Court, and unless bias, fraud, or partiality be shown, the Court adopts their opinion as the rule of law in that case. The Courts awards them suitable compensation. They cannot well become partisans for one side, for neither side calls them. True it is, that not so many can attain

---

4. People vs. Lake, 12 N. Y., 358 Herald vs. Thing, 45 Maine, 392.
5. State vs. Smith, *supra*.
6. Stephens vs. People, *supra*.
7. Matteson vs. N. Y. C., 35 N. Y., 487.
8. State vs. Smith, 32 Me., 369. Lake vs. People, 12 N. Y., 358.
9. Kennedy vs. People, 39 N. Y., 245.
10. Wilson vs. People, 4 Parker N. Y., 619.

the prominence of testifying in a case, and that only men standing high in their profession or art are appointed.

Under our system it frequently happens that quite a number of scientists or experts are subpœned on each side, and strange as it may seem, in most instances a majority give their opinion favorable to the party calling them, and it seldom, if ever occurs, that one of them will say that he is not thoroughly prepared or competent to give an opinion on the question propounded. The tendency of this is, to detract from the value of such opinions in the eyes of the juries and the bar. "Who shall decide, when doctors disagree?"

Opinions of scientists are to be received and weighed by the jury, and their creditability considered in the same manner as other evidence, and it is error for the Court to instruct the jury to give any more weight or evidence to their opinions. Taken in connection with the case of The People vs. Harking, *supra*, in which an expert was allowed to shake the foundation of a physician's opinion, by giving his opinion that his science was uncertain, the position scientists and experts occupy in our Courts are less satisfactory in regard to the value and effect of their testimony as such, than in regard to their pay. Should any movement be made at all, it might comprise both, so that fair pay be at least united with a position in Court worthy of the same.—*St. Louis Med. and Surg. Journal.*

———:o:———

Inverted Uterus of Forty Years Standing Reduced in Half an Hour. A New Method.

Dr. J. H. Tate reports in the *Cincinnati Lancet and Observer* the following interesting case:*

"Mrs. Bernhard; German; æt. 78; widow; below medium size; physical powers well preserved; health good. History: Came to America some forty years since, and gave birth to her last child in this country when she was thirty-six years of age. At that time she thinks the inversion took place, since which her womb has never been right. About six years ago she had a severe fall, and ever afterward there has been a complete prolapsus of the vagina and womb. Has never consulted any physician in regard to her case, because she was always ashamed to let her condition be known.

Present state: There is complete procidentia uteri, with both vesicocele and rectocele. The whole surface of the vagina down to the os has been converted into common integument. At the lower edge of the vagina there is a superficial ulcer an inch and a

* This case is illustrative of the position long held by Prof. White, that chronic inversion of the uterus may be reduced at any period. Ed.

half in length by half an inch in breadth. At the most dependent part of the vagina hangs the uterus completely inverted, hypertrophied to the size of a duck's egg, feeling quite firm, and its inner surface (now outside), covered and moistened by a glairy, mucosaneous fluid. The urethra now leads from above downwards, and in consequence the urine is passed with much difficulty.

July 29. Patient was put under chloroform, and Dr. Tate proceeded to make the reduction. Present of the Hospital Staff, Drs. Young, Carson and Dandridge, and Dr. Haile of the city. The fore and middle finger of the right hand were introduced into the rectum and carried up far enough to allow them to be placed above the rim of the os uteri, and thus secure a point of counter pressure. The balls of both thumbs were then placed against the fundus, and strong pressure made to push it inward. Working in this way for some time the fundus was found to yield a little, but the fingers in the rectum became fatigued, and the cervex would slip away from them toward the opposite side. At this point Dr. Dandridge suggested that if the finger of the left hand were inserted into the bladder probably the parts could be held more firmly and the counter pressure be made complete. The urethra was dilated in a minute or two, and then the forefinger of the left hand carried through it into the bladder, and placed over the rim of the os, directly opposite where the fingers rested which had been introduced into the rectum. The uterus was thus firmly held between the fingers in the rectum and bladder at the cervical end, and the balls of the thumbs resting over the fundal extremity, and now the pressure on the fundus was renewed. In a few minutes a decided impression was made, the fundus became deeply indented. At this point a star candle with a soft rag wound around its end was planted against the fundus in place of the thumbs, and with strong pressure made against that part the inversion was soon completely reduced.

The whole operation did not occupy more than thirty minutes. To insure its retention a silver suture was made to bring together the lips of the os uteri, and then the prolapsus was reduced. A sponge covered with oil silk smeared with lard was introduced into the vagina to prevent subsequent procidentia; the woman placed in bed and ordered to maintain the recumbent position. If pains ensued opiates were to be given.

August 21.—Patient has been up and about the ward for several days; it is found that the sponge will not retain the vagina in place; the uterus, however, is still in proper position. Recommended to the patient, as a means of permanent relief, the operation of perineorrhaphy.

September 1.—The patient will not consent to any further operative procedures, and left the hospital with no further trouble than the procidentia, the inversion having been completely cured."

EUCALYPTUS-TREE.—The anti-malarial action of the eucalyptus-tree is called in question by Mr. Arthur Nichols, who, writing in *Nature*, says that in Queensland, in the very heart of a forest extending for many miles in every direction, and composed mainly of eucalyptus of every variety, he has himself suffered from malaria, and has known many instances of febrile attacks among shepherds and stockmen in the locality. On inquiry, he learned that these attacks were not confined to any particular year, but that every year some cases might be expected. Again, it has been asserted that, wherever the eucalyptus had been introduced on a considerable scale in Algeria, the mosquitoes all disappeared. But this correspondent, writing of Australia, says that he has found these pests so intolerable on high land, where almost the only variety of tree to be found was one variety or another of eucalyptus, and sometimes all, that sleep was impossible while camping out at night, life a burden during the day, by reason of these insects.

The anti-malarial properties of the *Eucalyptus globulus* are commonly supposed to depend exclusively on the emanations from the leaves; but Mr. A. W. Bennett thinks it most probable that the chief effect is produced by the action of the roots on the soil. Writing of this subject in *Nature*, he remarks that the effect of the planting of forests in increasing the rainfall is often erroneously reputed to be due to the "attractive force of the trees" on the moisture in the air, similar to that exerted by a range of mountains; but this supposition he regards as untenable. The mode in which trees mainly act is, he says, by their roots arresting the rainfall which would otherwise escape by the natural drainage of the country; the combined forces of capillarity, osmose, and transpiration, then cause the ascent through the tissues of the tree of the water thus arrested, and the larger portion is eventually given off into the air through the stomata of the leaves. In this way a forest-tree will in a very short time give off into the air its own weight of water, which is again deposited as rain or dew. It is quite possible, however, that the effect of the planting of trees may be *apparently* the reverse of this in swampy regions without natural drainage. The water then accumulates in the soil; and if the country is bare of timber-trees and the sun powerful, a rapid decomposition takes place of the herbaceous vegetation, with consequent emanation of malarial vapors. If trees be planted, the effect is to supply natural drainage; the accumulation of water in the soil, and the consequent noxious effluvia, will be diminished and finally prevented, and the atmosphere rendered, if not drier, at least more wholesome.—*Popular Science Monthly.—Supplement.*

———:o:———

DR. W. A. HAMMOND.—The bill to reinstate Dr. Hammond as Surgeon-General and place him upon the retired list has passed the Senate and the House of Representatives. It now merely awaits the approval of the President.

THE GENERAL HOSPITAL IN VIENNA.—A new bathroom, which contains seven continuous water-beds or baths, has recently been added to this hospital. The continuous water-bath has proved exceedingly valuable in the treatment of certain diseases of the skin, and still more of desperate surgical cases, such as severe burns, and phagedenic ulcers, etc. The patients find themselves very comfortable in the bath, which usually relieves pain rapidly even when severe. The baths are so arranged that the patients can sleep comfortably, and move about in them without difficulty—a very essential point when the sufferers are obliged to remain constantly in them for months at a time. The additional facilities afforded by the new bath-room for the administration of these baths, are a valuable addition to the therapeutic resources of the hospital, and deserve the careful consideration of all hospital authorities and practical surgeons.—*Medical Record.*

———:o:———

Mercurial Treatment Syphilis.

Fifty years ago no one disputed the propriety, if not necessity, of mercury in the treatment of secondary syphilis. The war against it commenced, in our country, with the crusade against regular medicine instituted by the ignorant but shrewd Samuel Thomson, who succeeded in inoculating the vulgar crowd with his own rank prejudices against "mercurial medicines, and out of whose chaotic system has grown the "Eclectic" sect of the present day. About the same time the more refined and transcendental notions of Hahneman began to pervade the higher ranks of society, and these two influences, co-operating with the acknowledged abuse of mercury by regular practitioners, led to its extensive abandomnent by the latter. Professional men began to treat syphilis without mercury, often with the motive, not altogether professional, of catering to public prejudice. In this they were aided by the introduction of certain new preparations of iodine. Finally there grew up almost an entire generation of physicians imbued with a prejudice against mercury, and refusing to employ it in syphilitic disorders. By-and-by the current began to turn. The non-mercurial treatment began to fail. Its cures were found to be only temporary. Within the last twenty years the profession has gradually been reverting to the old treatment. And although potassic iodide is still universally regarded as invaluable in the earlier stages, yet there is scarcely to be found at the present time, in America or in Europe, one prominent authority in medicine on the side of the exclusive non-mercurial treatment. These reflections were suggested by reading in "The Doctor" the report of a discussion in the Medical Society of London, in which Dr. Drysdale, who had been known as

a distinguished opponent of the mercurial practice, declared that he had resumed it. He employed it in conjunction with large doses of iodide of potassium—15 grains. Dr. Fothergill congratulated him on his resumption of mercury. His practice was to combine the per-chloride with the tincture of iron, and since he used the combination he had had no cases of salivation. Dr. Brudenell Carter said the cure by iodide was not permanent. A relapse will occur in six months. In secondary syphilis he continued the murcurial treatment for nine months. Mr. Bloxam looked on a course of iodide as a preparation for mercury. He continued the latter twelve or eighteen months. In the Lock Hospital, preference was given to inunction, used conjointly with blue pill and opium. The iodides of mercury cause diarrhœa and salivation.—*Pacific Med. and Surg. Jovr.*

———:o:———

Contra-Indication of Iron.—There are two different states found in women where iron is either totally contra-indicated or to be given with great caution. The first is a condition of amenorrhœa in florid, plethoric persons. The other is the opposite condition of menorrhagia in certain females. There are cases of menorrhagia associated with pallor and debility, where the usual compound of iron and extract of ergot is not so useful as a non-chalybeate treatment. In these cases it is not any imperfection in the process of blood manufacture which is to be remedied, for the blood is made rapidly and quickly, only to be lost at each menstrual period. It is here desirable rather to limit the rapidity of the blood formation, so that when the several vascular turgescence of the menstrual period comes, it will not find the blood vessels too distended with blood. This will lead to diminished catamenial loss, and so the blood waste will be economized. According to the experience of Dr. Brown Séquard and Dr. Hughlings Jackson, iron does not suit epileptics. It increases the tendency to fits. It may improve the general condition, but it aggravates the epilepsy.—(*Dublin Medical Press*, Oct. 3.)—*Chicago Med. Jour. & Ex.*

———:o:———

The External Use of Tincture of Belladonna in Night-Sweating.—Mr. Nairne writes, in the *British Medical Journal* of February 2, that for some little time past he has employed the common pharmacopœial tincture of belladonna for sponging the body in cases of phthisical and excessive sweating, and invariably with marked benefit. So far as his experience goes, he has found it much better than anything else; if applied before a sweating comes on, it prevents it; if during the sweating, it almost immediately controls it. Two teaspoonfuls of the tincture mixed with an equal quantity of whisky are quite sufficient (applied with the hand), to cover the whole body and produce the desired effect.—(*London Med. Record*, Feb. 15, 1878.) *Monthly Abstract.*

TREATMENT OF TETANUS.—According to Mr. de Renzi (of Genes), the following is the proper procedure in the treatment of a case of tetanus:

1. Place the patient in a perfectly dark room, and only open the door partially once in four hours, to pass in food and drink.
2. Stop up the external ears with wax, and recommend the patient to rest as tranquilly as is possible for him.
3. Every hour give him out of a suitable vessel, soup, an egg, and two spoonfuls of white wine. For drink, water, with a very small quantity of wine.
4. To quiet pain give a little belladonna and ergot.
5. Have a carpet on the floor of the room. *Gaz. Med. de Paris* (*Gaz. des Hopitaux*, No. 123, Oct. 3, 1877.)—*Journal of Nervous and Mental Disease.*

———:o:———

The *Popular Science Monthly* publishes the following: A square metre of wall of a surgical ward in the Paris Hôpital la Pitié was washed, an operation that had not been performed during two years previously, and the liquid wrung out of the sponge was immediately examined. It contained micrococci in abundance, some micro-bacteria, epithelial cells, pus globules, and ovoid bodies of unknown nature. The sponge used was new, and had been washed in distilled water.

———:o:———

Several persons in Berlin, Germany, fell seriously ill after partaking of American dried beef which is sold there in tin cans. A chemical examination of the beef showed that the layer next to the lid of the can was strongly saturated with the salts of lead. The soft solder by which the cover was fastened was put on the inside so thickly that it came in contact with the meat and impregnated it with lead.

———:o:———

According to a statement in the Academy two healthy men allowed their limbs to be coated with impermeable plasters while the trunk was varnished with several layers of flexible collodium, which were allowed to remain for a week. None of the evil consequences observed in animals, made their appearance; there was no fall of temperature, no albuminuria, no exhaustion, no dyspnœa, convulsion or paralysis.—*Chicago Medical Journal.*

———:o:———

TREATMENT OF DELIRIUM TREMENS.—C. S. Wills states, in the *British Medical Journal*, February 2d, that he has used capsicum for more than twelve years in the treatment of *delirium tremens* with unvarying success; it has never failed, no matter how violent the patient may have been. In extreme cases thirty grains in bolus may be given every hour, but milder cases simply require smaller doses.—*Detroit Lancet.*

Another Case of Arsenical Poisoning Successfully Treated by Dialyzed Iron.

James Hayes, M. D., C. M., Simcoe, Ontario, in the March number, 1878, of the *Canada Lancet*, says that during the evening of November 14th, 1877, he was summoned by Mrs. B.'s char-woman who had accidentally taken arsenic. Mrs. B. had purchased some arsenious acid with which to destroy mice. During the morning of November 14th, she had spread at least a half teaspoonful of the poison upon a slice of buttered bread, and placed it on a shelf in the pantry. During her absence from home for a short time, the char-woman went into the pantry and, not being aware there was any poison upon the bread, ate the whole. She stated she thought it was rather gritty. On Mrs. B.'s return a few minutes after, the woman complained of being sick, with cramps in her stomach, and wished some ginger tea to relieve them. Mrs. B. went to the pantry for the ginger, when she found the poisoned bread gone. On asking the woman, Mrs. B. was horrified to learn that she had eaten it.

I administered an emetic and promoted vomiting by large draughts of warm water. After the stomach had been thoroughly emptied, I gave a tablespoonful of dialyzed iron, diluted with water, which was rejected in a few minutes. I then repeated it in thirty drop doses every twenty minutes for two hours, and afterwards at longer intervals. About two hours after my arrival, alarming symptoms of collapse showed themselves; the pulse became extinct at the wrist; the skin cold and clammy, etc.; but by giving brandy freely, with the application of hot bottles and friction, she began to revive, and went on gradually improving until, in about ten days, she appeared to be restored to her accustomed good health. The only unpleasant symptoms she complained of during her convalescence were weakness, thirst and a burning sensation in the stomach.

I attribute this woman's recovery entirely to the dialyzed iron. It appears almost incredible that recovery should have taken place, considering the amount of arsenious acid swallowed. There must have been fully half a teaspoonful of acid, which was lying in the stomach from half an hour to one hour before I saw her.—*Virginia Medical Monthly.*

A Medical Opinion.—The following is a true copy of a written opinion given by one who has an extensive practice: "Mr. ——, you have a lamnis of the Lung, turbit Lever, sower Stomak, and muskle affection of the Left Arm and right Hipp. I will help you conserable, but it is not a perfect cure for you."—*Toledo Med. Jour.*

Ovariotomy at the Samaritan Hospital.—In one of his last lectures in the Samaritan Hospital, before retiring from the active work of the institution, Mr. Spencer Wells gave a brief, but interesting review of the twenty years of his connection with the hospital. This includes the history of ovariotomy in England, from the first unsuccessful cases of Baker Brown, to the records of the Samaritan for the last two years, which show sixty-eight cases and sixty-one recoveries. During the first five years, about one case in three have died at the Samaritan; during the second and third five years, about one in four; in the fourth five years, about one in five, but in the last two only about one in ten died. The antiseptic system is now on trial, and Mr. Wells is more hopeful of favorable results since thymol has been introduced as a substitute for carbolic acid. Thymol has a pleasant odor, and has no poisonous properties, and, according to Dr. Burdon Sanderson, is a hundred times more effective as a germicide than carbolic acid. Volkmann has had encouraging results even with so weak a solution as one part in two thousand of water. The surgery of the hospital, however, has not been confined to ovariotomy, and a long list of operations is mentioned, the latest and most interesting of which are nephrotomy and the draining of a renal cyst, under strict antiseptic precautions. Mr. Wells proposes to hold public consultations at the hospital one day in the week, on a similar plan to the one followed at St. Bartholomew's Hospital, not wishing to sever himself entirely from the scenes of his labors and successes.—*British Medical Journal*, Dec. 15, 1877.

The Easiest Way to Drown—If death by drowning be inevitable, as in a shipwreck, the easiest way to die would be to suck water into the lungs by a powerful inspiration, as soon as one went beneath the surface. A person who had the courage to do this would probably become almost immediately unconscious, and never rise to the surface. As soon as the fluid filled his lungs, all feelings of chilliness and pain would cease, the indescribable semi-delirium that accompanies anæsthesia would come on, with ringing in the ears and delightful visions of color and light, while he would seem to himself to be gently sinking to rest on the softest of beds and with the most delightful of dreams.—*Dr. R. S. Tracy in Popular Monthly for May.*

Death of the Discoverer of Fœtal Auscultation.—The Count de Kergaredec, the first to apply auscultation to the detection of the fœtal heart in pregnancy, died lately in Paris at an advanced age. His son in announcing his death to the French Academy said: "Among his children who stood around his death-bed was that beloved daughter, the beating of whose heart her father heard whilst she was still in her mother's womb."—*The Doctor.*

TREATMENT OF EPILEPSY.—Dr. Schultz records in the *Berliner klinische Wochenschrift* the case of a young man, eighteen years of age, the subject of epileptic attacks, which always came on at a certain hour in the day. It mattered not what he might at that time be doing, the attack never failed. It was always preceded by an aura which lasted five or six minutes, and was followed by a sleep of several hours' duration. Quinine in large and small doses, bromide of potassium, strychnine, belladonna, nitrate of silver, morphia, chloral, etc., were all administered without result; the attacks continued to recur at the fixed hour, and even occurred during sleep induced by chloral. Coming at this time under Schultz's care, he determined to test Nothnagel's treatment, and administered a teaspoonful of ordinary salt during the aura. This did not at first prevent the attack, but when on the following day a heaping tablespoonful of salt was given at the very beginning of the aura, no attack took place. For one week the dose was administered at the usual time, although no aura was perceived. At the date of Schultz's report (seven weeks afterward) no attacks had been observed, though previous to the treatment the patient had had them for 134 days in succession.—(*St. Petersburger Med. Wochenscrift*, No. 4, 1878.)—*Clinic.*

CARBOLATE OF SODA IN WHOOPING-COUGH.—M. Pernot (*Lyon Medicale*, Sept. 23, 1877) considers that he has discovered a specific for this troublesome affection in "phènate de soude," and gives details of cases in which, after other means had completely failed, he was able, by the use of it, to effect a complete cure in from ten to fourteen days. He places about 40 grammes of the crude salt in a porcelain capsule, and heats it over a spirit lamp so as to disengage carbolic vapours, the child being kept in the vapour a short time at first, and a longer time as he becomes more accustomed to it. In the most rebellious cases he has not required to use the treatment more than three times a day, and in most cases it has only been necessary to use it night and morning. He discusses the mode of preparation of carbolic acid and its salts, and ascribes the curative properties of the phenate of soda to the tarry compounds which it contains. "My observations," he says, "are now numerous; they, for the most part, resemble each other, and, speaking generally, we may sum up the results in the following words: 1st. There is a notable diminution in the number of 'kinks' after two to ten days' treatment. 2d. The respiration is less painful, less anxious. 3d. The 'kinks are of shhrter duration. 4th. There is less vomiting, possibly because the 'kinks' are shorter. 5th. Finally, the most stubborn cases, if I may so express myself, cease to advance from the commencement of the treatment, then diminish in intensity, little by little, and afterwards more rapidly."—(*Glasgow Med. Journal*, Jan. 1878.

THREATENED POISONING ON THE RHINE.—Toward the end of the past year the screw steamer "Schelde und Rhyin," having on board 656 casks of arsenic (arsenious acid), foundered in the river Rhine near Engers. Great fear was entertained lest the poisonous cargo might be penetrated by the water, and destroy the lives of the animals and of inhabitants along the river below the place of the accident. The boat and cargo were raised with as little delay as possible, and only five of the casks were found to be damaged by water, none of them having lost any considerable portion of arsenic. The consequence of the collapse of all the casks and the mixture of their contents with the river would have been most disastrous. --*The Clinic.*

———:o:———

EDITORIAL.

American Medical Association.

The Committee of Arrangements in Buffalo are active in making preparation for the meeting of the Association, and for the accommodation of delegates and their families. They present for the information of the members of the Association the location and terms of the following Hotels.

Tifft House, 465 Main street,	$3.00	per day.
Mansion House, cor. Main and Exchange	2.50	"
National Hotel, Exchange, opposite Central Depot,	1.50	"
Continental, Exchange, cor. Michigan street	2.00	"
Bonney's Hotel, Washington, cor Carroll street,	1.50	"
United States Hotel, Terrace, cor. of Pearl,	2.00	"
Broezel's Hotel, 127 East Seneca,	2.00	"
American Hotel, East Swan, cor. Ellicott,	1.50	"

It is believed all guests will be thus amply provided for during the meeting.

We publish the following which speaks for itself:

PHILADELPHIA, 1400 Pine Street,
S. W. corner Broad.

The Twenty-ninth Annual Session will be held in the city of Buffalo, N. Y., on Tuesday, Wednesday, Thursday, and Friday, June 4, 5, 6 and 7, 1878, commencing on Tuesday at 11 A. M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by *representation in their respective State Societies*, and from the Medical Department of the Army and Navy of the United States."

"Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Assotion,"

☞ Secretaries of Medical Societies as above designated are earnestly requested to forward, *at once*, lists of their delegates.

Will you kindly send to the undersigned a list of your members with their residences, in order that a correct record may be made of all who are in affiliation with this body?

SECTIONS.

"The Chairmen of the several sections shall prepare and read in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. * * *" —BY-LAWS, Art. II., Sect. 4.

Practice of Medicine, Materia Medica, and Physiology:
Dr. A. L. Loomis, New York, *Chairman.*
Dr, J. H. Etheridge, Chicago, Ill., *Secretary.*

Committee appointed to report to this Section:

On Clinical and Meteorological Records:
Dr. N. S. Davis, Illinois, *Chairman.*

Obstetrics and Diseases of Women and Children:
Dr. E. W. Jenks, Detroit, Mich., *Chairman.*
Dr. H. O. Marcy, Cambridge, Mass., *Secretary.*

Surgery and Anatomy:
Dr. Henry H. Smith, Philadelphia, Pa., *Chairman.*
Dr. E. T. Easley, Little Rock, Ark., *Secretary,*

Medical Jurisprudence, Chemistry, and Psychology:
Dr. Walter Kempster, Oshkosh, Wis., *Chairman.*
Dr. E. A. Hildreth, Wheeling, W. Va., *Secretary,*

State Medicine and Public Hygiene:
Dr. J. L. Cabell, University of Va., *Chairman.*
Dr. E. J. Marsh, Paterson, N. J., *Secretary.*

The following Committees are expected to report:—

On Prize Essays:
Dr. E. M. Moore, Rochester, N. Y., *Chairman.*

On Necrology:
Dr. J. M. Toner, Washington, D. C., *Chairman.*

On Catalogue and National Library:
Dr. H. C. Wood, Pa., *Chairman.*

On Recommendations in President Bowditch's Address:
Dr. N. S. Davis, Illinois, *Chairman.*

To be acted upon:—

Changes in By-Laws, proposed by Committee on Nominations in 1877.

"Under Art. II., Sections, 10th line from top, the word *Essayist* shall be introduced immediately after the word 'Chairman,' so as to read as follows: 'The Chairman, Essayist, and Secretary of the several sections shall, like other officers, of the Association, be nominated," etc.

Same Article, line 22d *et seq.*, to read as follows: "The Chairmen of the several Sections shall preside at the meetings of their respective Sections. The Essayists shall prepare and read in the general sessions of the Association papers on some subject to be selected by themselves, but relating to one or more of the branches of science included in their respective Sections; the reading of such papers not to occupy longer than forty minutes for each."

Amendment proposed by Dr. S. C. Busey:—

Plan for Organization of the American Medical Association.

The general meetings of the Association shall be restricted to the morning ses-

sion; and the afternoon sessions, commencing at three o'clock, shall be devoted to the hearing of reports and papers, and their consideration, in the following Sections:—

1. Practical Medicine, Materia Medica, and Physiology.
2. Obstetrics and Diseases of Women and Children.
3. Surgery and Anatomy.
4. Medical Jurisprudence, Chemistry, and Psychology.
5. State Medicine and Public Hygiene.

The Sections shall be organized by selecting from the permanent membership such members as may have acquired distinction in the branches of medical science assigned to the respective Sections, such selections to be made from the roster of permanent membership next preceding the adoption of this amendment, by a committee consisting of the chairmen and so many of the ex-chairmen of the respective Sections for the three years next preceding as may be present at the time of the adoption of this amendment; provided, however, that no one shall be thus made a member of more than one Section.

Only permanent members shall be eligible to membership of the Sections; and annually, as hereinafter provided, each Section may elect such as may be qualified by three years' consecutive membership, and who may have acquired distinction in the branches assigned to the Section. Forfeiture of permanent membership shall forfeit membership of Sections, but such forfeiture shall not prevent a re-election.

The officers of the Section shall consist of a Chairman, Secretary, a Committee on Business, a Committee on Membership, and a Committee on Essays. The Chairman and Secretary shall be elected by a majority of the ballots cast by the members of the Section, and shall hold their offices until the close of the business of the annual meeting next succeeding their election. The committees shall be appointed by the Chairman, and hold office for one year or until their successors are appointed.

The Chairman shall preside at all the meetings of the Section, perform all the duties ordinarily pertaining to the duties of a presiding officer; shall exercise general supervision over the business of the Section; see that the duties of the officers and committees are properly discharged, and shall prepare and read, in general sessions of the Association, a paper on the advances and discoveries of the past year in the branches included in the Section; the reading of such paper shall not occupy more than forty minutes.

It shall be the duty of the Secretary to keep a correct record of the proceedings of the Section and report the same to the Permanent Secretary; to revise and correct the reports of the stenographer, and deliver the same to the Committee on Essays; and to perform such other duties as may properly appertain to the office of Secretary.

The Committee on Business of each Section shall consist of three members, to be selected, when practicable, from the members residing in or near the city in which the meeting of the Association is to be held.

It shall be the duty of this Committee to prepare business for the Section, and, with that in view, to select two or more subjects appropriate to the Section, and also to appoint from the members of the Section as many members, to each of whom a subject shall be assigned for report thereon, which report shall be prepared and submitted to the Section at the meeting next ensuing. Voluntary papers may, with the approbation of the Committee, be submitted by any member of, or delegate to, the Association. All papers and reports must be sent to the Committee at least one month before the meeting, and it shall be the duty of the Committee, after careful examination, to fix the time and order of presentation, and to prepare a memorandum of the titles, together with the main points set forth in the argument, which shall be printed and distributed to the members of the Sections by the Assistant Secretary.

The Committee on Membership of each Section shall consist of five members. It shall be the duty of this Committee annually to examine the roster of perma-

nent membership, and recommend for election to membership of the respective Sections such as may be eligible and deemed qualified. It shall also examine the roster of membership of the Section, make all necessary corrections of names and addresses, erase from the list the names of all who may have forfeited their membership, and designate the deceased members.

The Committee on Essays shall be composed of three members. To this Committee shall be referred for examination all papers read before the Section, and all debates. The Committee will be allowed thirty days, at the expiration of which time it shall forward the papers to the Committee on Publication, with such recommendation as may be deemed proper; but no paper or discussion, either in whole or in part, shall be published in the Transactions without the recommendation in writing of said Committee on Essays.

The Committee of Arrangements shall provide for each Section a competent stenographer, who shall furnish the Secretary with a full verbatim report of the debates of the Section.

No member shall address the Section more than once upon the same subject, nor speak longer than fifteen minutes without unanimous consent.

The Permanent Secretary shall prepare annually a list of the members of each Section, which shall be published in the Transactions, and shall furnish each delegate with a printed plan of organization and by-laws, together with rosters of the permanent and Section membership.

Amendment proposed by Dr. T. D. Fitch:—

"Strike out from By-laws the whole of fifth paragraph, Sect. II. 'Papers appropriate to the several Sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate Section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent, to examine them with care, and, with the advice of the Chairman of his Section, to determine the time and order of their presentation, and give due notice of the same; and, after their full examination and discussion by the Section, they shall be sent to the Permanent Secretary of the Association.'"

"Strike out all of third paragraph, Section VIII, "It shall be the dnty of every member of this Association, who learns that any existing medical school departs from the published conditions of graduation, to report the fact at the annual meetings; and, on proof of the fact, such school shall be deprived of its representation in this body."

Strike out all of second paragraph, Section IX, "This Association recognizes as a 'regular organized' medical college one that has been represented at any meeting, and that complies with the rules and directions found in the published *Transactions*, vol. xiii. page 33."

Amendment offered by Dr. X. C. Scott, and others:—

"Add to the five existing Sections a Section for Opthalmology, Otology, and Laryngology, which shall be known and designated as Section 6."

It is probable that several railroads will carry delegates to Buffalo and return for one and one-third fare. Such roads as agree so to do will be announced in the Journals.

WM. B. ATKINSON, M. D.,
Permanent Secretary.

The Chairmen and Secretaries of the several Sections of the American Medical Association, are requested to send in (by title) the papers to come before them, with the time required for reading, also all gentlemen having papers to present, not referable to the Sections, will send as above, without delay, to

THOS. F. ROCHESTER,
Ch. of Com. of Arrangements, Buffalo, N. Y.

Medical Journals are requested to copy, and give prominence to this notice.

AMERICAN MEDICAL COLLEGE ASSSOCIATION,

DETROIT, April 18, 1878.

The next regular meeting of the American Medical College Association will be held in Buffalo, N. Y., beginning June 3d, at 10 A. M. Place of meeting to be in Medical College Rooms, Main street, corner of Virginia.

L. CONNOR, *Secretary and Treasurer.*

MEDICAL NOTES AND COMMENTS—BY CHARLES A. WALL, B. S

In our last we gave Prof. YANDELL credit for writing upon 'Malaria and Stuma.' It was not our object to thus misrepresent the talented author, and will ask all readers of that article to substitute 'Struma' for 'Stuma.'——ERICHSEN is out with an eighth and enlarged edition of his exhaustive work. He has been standard authority on Surgery for thirty years, and is more worthy of confidence than ever. Many parts of the new Edition have been entirely rewritten, and all subjects are brought down to correspond with the latest ideas.——JOHN WYETH & BRO. send us an elegant price-list of Pharmaceutical preparations, compressed powders, and medical fluid extracts. It is supplied upon application, and will be found useful in ordering medicines.——Dr. A. B. LYONS read an exhaustive paper before the Detroit Academy of Medicine, and reprints it from *Detroit Lancet*, Feb. and March, 1878, upon 'Medical Plants Indigenous in Michigan.'—'Our Parks to be or not to be,' by Edward Squibb, M. D. is a strong protest against their destruction. He says: "To save our Parks will save hundreds of children and improve thousands. To not improve these Parks is to abandon them to the beast of prey, which is devouring American civilization."——The average weekly cost of keeping the paupers of the Eighth Judicial District, is, we learn from the report of Hon. Wm. P. Letchworth, about $1.31 each.——'Influence of School-life on Eye-sight,' by A. W. CALHOUN, M. D., reprint from *Atlanta Medical and Surgical Journal*, is an article asking for hygienic school-houses, well lighted, and text-books printed in clean type.——'What am I,' by J. M. BODINE, M. D., leaves the question unsolved, but contains many instructive thoughts.——Three hundred and ninety-eight operations were performed at the Ophthalmic and Aural Institute, 46 E. 12th St. N. Y. City during 1877, according to the Eighth Annual Report.——Total cost per week exclusive of buildings and extraordinary repairs for each patient at the Buffalo General Hospital for the past year, was $6.10; Annual Report for 1877.——The daily number of Free Beds in the Massachusetts General Hospital during 1877 (Sixty-fourth Annual Report,) was one hundred and forty. The total number admitted since 1821, has been over forty-eight thousand.——Louisiana has, at last, formed a State Medical Association. Its first meeting began Jan. 14th, 1878, and lasted three days. A Constitution and By-Laws were provisionally adopted. Dr. Egan was elected chairman, and papers were appointed to be read at the next meeting.——Dr. H. KNAPP reprints from the *Archives of Ophthalmology and Otology*, vol. VI, No. 1-11, his Report and Remarks on the fourth and fifth hundred of Cataract Ex

tractions, according to Von Graeffe's method. The results were good in 164 cases or 82 per cent; his failures were 23 or 11.5 per cent—— Dr. LEE, in a paper upon. 'Suspension as a Means of Treating Spinal Distortions, read before the American Medical Association, fully demonstrates the use, and in many cases necessity of removing the superincumbent weight of the head and body in Potts Disease, and the benefit derived from exercise in lateral curvature.

BALMANO SQUIRE, M. B., Lond., is the author of four essays upon skin diseases; 1, On Lupus Disease of the Skin and its Treatment by a new method; 2, On the Treatment of Chronic Eczema by Glycerole of the Subacetate of Lead; 3, On Port-Wine Mark, and its Obliteration without Scar; 4, On the Treatment of Psoriasis by an Ointment of Chrysophanic Acid. Numbers two and four have been received, and we abstract the following formulæ. R. Take of acetate of lead 5; litharge 3½; glycerine 20. Heat for half an hour in a boiling glycerine bath, constantly stirring, and filter in a gas-oven or other kind of heated compartments. The result is a perfectly clean and colourless liquid, of a somewhat more viscid consistency than pure glycerine." An ointment of the subacetate may be made; "glycerole of the subacetate of lead 6; vaseline 28; mix the two together." The form in which Squire prescribes chrysophanic acid, in psoriasis is:

℞. Chrysophanic acid, gr. v-ʒj:
Lard, ... ℥j.

Digest the acid in the lard at the temperature of boiling water (i.e. in a water bath) for half an hour, stirring constantly, when "set" mix with pestle and mortar, adding a few drops of essential oil, with a view to scenting the ointment slightly."

Chrysophanic acid is the active principle of an old Eastern remedy known as Goa powder. The appendix contains the record of many successful cases of its use. He advises the employment of both the above mentioned agents.

THE POPULAR SCIENCE MONTHLY and its SUPPLEMENT for March and April, are of unusual interest. Spontaneous Generation, is discussed, pro and con by Dr. Bastian and Prof. Tyndall, in all its latest phases. Other articles of importance to Medical men are in the March number; Opium and its Antidote; Technical Education; Liquefaction of the Gases; and in the April number, the Eucalyptus in the Future, Review of Flint's, 'The Source of Muscular Power,' and Poisons of the Intelligence—Chloroform. No one who expects to keep up with the times upon scientific discoveries, can fail to subscribe for the *Popular Science Monthly.*

THE HOSPITAL GAZETTE AND ARCHIVES OF CLINICAL SURGERY is again changed, this time to a weekly, at the low price of $2,00 a year. Drs. Bermingham and Lyons remain as editors, and have associated with themselves Dr. H. H. Kane, as assistant. This change should be final, and it is to be hoped that the editors may receive sufficient approval to continue its publication. We wish them every success.

THE NORTH CAROLINA MEDICAL JOURNAL, Drs. M. J. De Rosset and T. F. Wood, editors, published at Wilmington, N. C., is full of instructive and scholarly productions, and the authors should be thanked for their efforts in giving the profession in North Carolina so excellent a periodical.

We welcome to our exchange list, the CANADIAN JOURNAL OF MEDICAL SCIENCE. Vol. III. No. 4, is at hand, and we find in it many practical articles upon Medicine, Surgery and Midwifery. The editors are Drs. M. Ogden, and R. Zimmerman,

The AMERICAN JOURNAL OF OBSTETRICS and Diseases of Women and Children,—quarterly—by Paul T. Mundé M, D. is received, and we especially notice Dr. T. G. Thomas's Article upon *Laparo-Elytrotomy:* a substitute for the Cæsarean Section. Five operations are reported, resulting in saving three mothers while four children were born alive. These are more favorable results than Cæsarean Section can show, and is due to the fact, no doubt, that the peritoneum is uninjured during the operation if skillfully performed. If the same success attends future trials, Laparo-Elytrotomy must entirely displace Cæsarean Section.

We have no space to mention the other articles whicheattracted our attention, and would refer the reader to them for his consideration.

ARCHIVES OF DERMATOLOGY, edited by L. Duncan Bulkley, A. M., M. D., and a large number of able collaborators. Vol. IV. No. II, contains a number of fine articles upon Syphilis, while its digest of late literature on skin diseases is complete and useful for reference.

THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES. Dr. Hays uses so much discression in the selection of articles presented, and the care taken to expunge everything that is not scientific and practical, that he has brought this journal to so high an estate, that no words of ours can increase the esteem in which it is held. The present number, April 1878, is up to the standard, and is filled with valuable matter.

THE LONDON LANCET has been an authority in periodic Medical Literature for so long, that it is looked upon as almost infallible, and to those anxious to obtain glimpses of English thought, the reprint by Wm. C. Herald, New York, is ever welcome.

ATLAS OF SKIN DISEASES, by Louis A. Duhring, M. D. Part III. Philadelphia: J. B. Lippincott & Co., 1878. Price per part $2,50. The parts already published established for this work a high position which the present part more than sustains. Dermatology attracts so much attention at the present day, that every new production embodying advanced views, must gain the approval of the profession. Dr. Duhring is well known as an authority on skin diseases, and we hope that he may receive the financial favor which will allow him to continue the good work. Part III. contains four chromo-lithographs; 1. Eczema (Squamosum,) 2. Syphiloderma (Erythematosum,) 3. Purpura (Simplex,) 4. Syphiloderma, (Papulosum et Pustulosum.) They are all artistic in the highest degree, but especially so is the second; here the secondary syphilitic lesion is truthfully

and accurately portrayed, and is nearly equal to a clinical presentation. The *Atlas* will ever remain a standard authority, and since the edition is limited, all who have the means should supply themselves with the series as published.

STATE REGULATIONS OF VICE, by Aaron M. Powell, New York: Wood & Holbrook, 1878, pp. 127. The scheme to license or regulate social vice, is one of the greatest importance to medical men, since no system has ever been found that did not rest for its effectiveness upon the medical examiner. This little work advocates the abolition of government regulation wherever founded, and strongly protests against its introduction into America.

MORTUARY EXPERIENCE OF THE MUTUAL LIFE INS. CO. of New York, with tabulated reports, and an Analysis of the causes of death, by G. S. Winston, M. D., W. R. Gillette, M. D., and E. J. Marsh, M. D. Volume II. New York, 1878, pp. 224. Two years ago this Company published its mortuary experiences for thirty years, and they were found so useful that a second volume was ordered, more fully tabulating and detailing its statistics. The various causes of death are stated and analysed separately, and their result exhibited. Consumption is found to head the list, and its consideration occupies nearly half the entire volume. The effects of the presence or absence of hereditary family influences are ascertained and developed. Nativity, age, and residence are tabulated and conclusion made, bearing upon future selection of risks. Typhoid Fever and Apoplexy rank next as to cause of death, while Diseases of the Heart, Malarial Fever, Congestion of the Brain, and Cancer follow in succession. The volume shows care and industry in its preparation, and is a credit to its authors.

TRANSACTIONS of the Thirty-Second Annual Meeting of the Ohio State Medical Society, held at Put-in-Bay, June 12, 13, and 14th, 1877: Cincinnati, 1877, pp. 200. J. H. Pooley presents an instructive paper upon Perityphlitic Abscess, with a table of 46 operations and their results, which is valuable as proving the safety of timely incision. The same writer in a memoir of Wm. M. Awl, M. D., mentions the fact, that the latter surgeon removed the parotid gland involving the ligature of the carotid artery. DR. MUSCROFT takes strong grounds in asking for state regulations of vice, in a paper 'On the Prevention of the Spread of Syphilis.' The volume ends with a list of deceased and active members.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK, by C. Henri Leonard, M. A., M. D. Third edition: Revised and enlarged; Detroit, 1878, pp. 150. Price 75c. Dr. Leonard is so well known from his *Vest-Pocket Anatomist*, and *Manual of Bandaging*, that this little volume only needs to be named for all to acknowledge its merits. It is unqualifiedly '*Multum in Parvo*,' containing a list of the doses of every medicine known to the profession, together with all their incompatibles and the poisons and their antidotes, and full tables of weights and measures. Under the head "Short Stops," can be found more useful information than in many large pretentious works.

Books Reviewed.

Hand-Book of the Practice of Medicine. By M. CHARTERIS, M. D., Professor of Practice of Medicine, Anderson's College, Glasgow, &c. With Illustrations. Philadelphia: Lindsay & Blakiston, 1878. Buffalo: T. H. Butler. Price, $2,00: pp. 336.

This is the introduction to a series of small volumes by eminent authors for the use of students.

Although not sufficiently broad and suggestive to be relied upon for counsel in conducting difficult cases, it is a very good resumé of ordinary routine work. Its descriptions of disease are excellent, mode of practice recommended, Anglo-German; and the rationalé of things to be done, as a rule, not given. The antimonial treatment is named as being best in pneumonia, but the author says that "pneumonia occurring in the young or very old, is attended with great danger." We believe that American physicians use less antimony in this condition, and obtain better results.

Tr. perchloride of iron 30 minims every two hours in water, the author says, is the best internal remedy in diphtheria.

The illustrations are of the best, and the appendix of ninety-two formulæ will be useful for comparison in study, and suggestion in practice. M. B. M.

Transactions of the American Medical Association. Volume XXVIII. 1878.

It is an unmistakable fact, that a progressive spirit actuates this Association. Unimportant contentions about legislative and other business matters are no longer suffered to excite agitation of the general assembly, or rival in interest the scientific work and purposes of the meeting. Greater perfection of organization has been attained by the experience of this Association, and of other similarly large bodies, which have held their sessions during the last few years. Work is more economically and better done by reference whenever possible to officers or committees selected for their competence for particular duties. The President, Henry I. Bowditch, M. D., in his address, in criticising the work of the Association, recommends the appointment by the Judicial Committee of a committee to solicit scientific communications, and the reference of the proceedings of Sections to a committee of experts, unknown, with power as to publication of the same. Increasing scientific enthusiasm among the members of the Association and in the Sections will accomplish much in time, and may make the scientific character of the meetings as prominent as the social has been in previous history.

Of much that is of value in the volume, especially interesting to us have been the address by James P. White, M. D., as chairman of the Section of Obstetrics,

and the paper by Gilman Kimball, M. D., on Extirpation of the Uterus. Other noticeable articles which may be mentioned, besides addresses of chairmen of sections, are: Suspension as a means of treating Spinal Disorders, by Benj. Lee, A.M., M.D.; Medio-Bilateral Lithotomy, by W. T. Briggs, M.D.; Stricture from Masturbation, by L. W. Gross, A.M., M.D.; Tuberculosis in Milch Cows, and the Contagiousness of Tuberculosis by the Digestive Organs, by A. N. Bell, M.D., Etiology of Enteric Fever, by J, L. C. Cabell, M.D.; Recognition and Management of the Gouty state in Diseases of the Skin, by L. D. Bulkley, A.M., M.D.; etc. W. W. M.

The Science and Art of Surgery. Being a Treatise on Surgical Injuries, Diseases and Operations, by JOHN ERIC ERICHSEN, F. R.S., F.R.C.S. Revised by the author from the seventh English edition. Illustrated with 862 engravings. Two volumes. Philadelphia: Henry C. Lea. 1878. Buffalo: T. H. Butler. Price, in cloth $8.50; leather, $10.50.

This author is quite a favorite with American as well as English readers. His carefulness of statement, particularity in treatment of subjects and conservatism of judgment commend his work.

In the matter of ether and chloroform, Erichsen is not a devotee to one or the other. His judicious treatment of this subject indicates balance of mind, and his advice in the matter is as usual, intelligent and conservative.

Injuries and shock to the spine are considered more at length here than we remember to have seen in other works. The subjects of Lithotomy and Lithotrity are very well presented, and the practice which is now prevailing more and more of using Allarton's method, and of making perineal lithotrity, is given suitable attention. In the matter of amputations near the ankle and at the knee some good sections are afforded. W. W. M.

Address before the Rocky Mountain Medical Association, June 6th, 1877, by J. M. TONER, M. D. pp. 122.

It will be remembered that the Rocky Mountain Medical Association consists of those who attended the meeting of the American Medical Association, held at San Francisco, Cal., in May, 1871. The physicians are active, and their friends honorary members.

The address contains observations upon the geological age of the world, the appearance of animal life upon the globe, the antiquity of man, and the archæological remains of extinct races, found on the American continent; also, some very clearly expressed ideas upon the origin and practice of medicine among uncivilized races, more especially the North American Indians.

The address does honor to the author, and is well worth reading by those who interest themselves in the scientific discussions of the age. W. H. A.

OUR ADVERTISERS.

We present to our readers, in each issue of our JOURNAL, a few reliable adver-

tisements. They are selected with care from the number presented, and we try to have them the best of their kind. If we are at any time deceived, we do not hesitate to cancel our contract and refuse to continue them. We call your attention to the following:

In speaking of LACTOPEPTINE in our last it was called Loctopepsin, which mistake was overlooked in reading the proof. The large sales of this important remedy indicate the favor in which it is held by the profession. We have had but little experience in its use, but a friend informs us that he has found it excellent in many cases of indigestion and dyspepsia.

TROMMER'S EXTRACT OF MALT is not only pure and reliable, but is warranted to keep for years in any climate. We have found much benefit to accrue from its use in debility, and we refer to Art. III. this number for its application in Phthisis.

BLOOD TONIC as manufactured by Caswell, Hazard & Co., is not a mere tonic, but claims to contain blood-making, and life-sustaining properties, calculated to support the system under wasting diseases. It is entirely free from any drug.

WYETH'S DIALYSED IRON is well known from its action as an antidote to arsenic. Although some chemists theoretically disbelieve in its efficiency, still the cases reported are proof of its value. John Wyeth & Bro. are also to be commended for their fine compressed pills, which are prepared without excipient or coating, and are more easily swallowed than any other form of pill.

To those in need of a reliable and pleasant form of administering drugs, MCKESSON & ROBBIN'S Granules, will be found to fulfill the want. They are made with great care and exactness, and may be depended upon for unvarying action.

SCOTT'S Emulsion of Cod Liver Oil with Hypophosphites, remains permanent even in extreme hot weather, and is very palatable in comparison with many others which we have tested.

SHEPARD & DUDLEY'S Instruments may be found in stock at King's Drug Store, while C. M. Lyman keeps a full line of Tieman's excellent goods.

———:o:———

Books and Pamphlets Received.

The advantages and accidents of Artificial Anæsthesia, by Lawrence Turnbull, M. D. Philadelphia: Lindsay & Blakiston, 1878.

London *Lancet*, April 1878.

Popular Science Monthly, March and April, 1878, and Supplement No. XI. March, 1878.

Annual Report of the Rhode Island Hospital, 1878.

Clinical Thermometry in the Diseases of Women, by R. Ludlam, M. D. Philadelphia: Sherman & Co., 1877.

Lithotomy, by David Prince, M. D., of Jacksonville, Ill. Reprint from St. Louis *Medical and Surgical Journal*, April 1878.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. JUNE, 1878. No. 11.

Original Communications.

———:o:———

ART. I.—*Purpura—Occurring in Nervous Diseases.* By J. B. ANDREWS, A. M., M. D., First-Assistant Physician N. Y. State Lunatic Asylum, Utica, N. Y.

Purpura has been defined as a painless, passive exudation of blood into the substance of the skin. There are three forms usually recognized, viz.: the simple, hæmorrhagic and scorbutic, distinguished from each other by well defined characteristics. In the simple form there are petechiæ or ecchymoses more or less extensive in the dermal substance. In the hæmorrhagic form there is bleeding from the mucous surfaces. Scorbutus is a disease dependent upon known causes, with definite symptoms and well established methods of treatment.

Purpura, as it is generally met with, has been attributed to a blood dyscrasia, in which there is a change in the constituents which renders the blood more fluid than in the normal, healthy state, and destroys its coagulability. This explanation, however, will not suffice in the cases which are reported in this article, as the conditions productive of blood cachexia did not exist. They are considered as instances of trophic lesions from vaso-motor disturbance. That this lesion is sufficient to account, not only for

serous and hæmorrhagic effusions or exudations, but also for destruction of tissues is susceptible of illustration bordering upon absolute proof. Some of these with authorities will be mentioned.

There are forms of hæmorrhagic exudation or effusion which are not classified under the name Purpura. The rupture of vessels by the application of external violence produces a bruise or ecchymosis. Of the same character are the petechiæ seen upon the forehead, face, neck or chest of epileptics, immediately after a fit, the result of rupture of capillaries from blood pressure during a convulsion, and which are sometimes so marked as to be an aid in diagnosis of the disease.

Another example, due to an entirely different cause, occurs frequently in the practice of the physician, with a history somewhat as follows: The patient awakes in the morning, and to his surprise discovers an ecchymosis in the conjunctiva, usually of one eye. This may be slight, or so extensive as to give the cornea the appearance of an excavation in the midst of a recent hæmorrhage. Occasionally this follows a period of severe exertion or exposure to cold, but there is often no cause apparent in the circumstances or surrroundings of the individual. The explanation is found in the local paralysis of the vaso-motor nerve that controls the circulation of blood, thus allowing a dilatation of the vessel until rupture occurs. Other examples to be attributed to nervous defect, are found in persons in ordinary health, as in females during menstruation when purpuric spots appear upon the neck, arms or back.

There are cases of purpura so closely connected with certain diseases as to derive their names from them as Purpura Rheumatica, Neurotic Purpura. The latter is associated with neuralgia, and instances of it have been reported by Prof. S. Weir Mitchell, of Philadelphia, (*Am. Journal Med. Sciences,* April, 1869,) and by Dr. Tyrrall, of California, (*Pacific Med. and Surg. Journal,* June, 1876). The purpuric spots were thought to be the final evidence of nerve irritation and paresis, which, affecting the nutrition of the blood vessels, through the vaso-motor nerves, allowed extravasation of blood to take place under the cuticle, forming the patches of ecchymosis, which were such a prominent characteristic in the cases

mentioned. In their origin and progress they would seem to sustain the name given them of "Neurotic Purpura," and to increase the number of skin affections which medical science has classified under the neuroses.

As showing the influence of disturbed conditions of the sympathetic system, reference may be made to the congestion of the face and neck after section of the cervical sympathetic. The same condition is observed in the face, lips and extremities in cases of advanced insanity, especially in dementia, and this may even lead to rupture of the vessels.

Cases of Purpura occurring in the insane were reported by Dr. J. C. Bucknill, in the *Journal of Mental Science*, in 1855. Other observers have given instances in which the spots covered large portions of the body and resembled severe and extensive bruises. They occurred in patients with chronic insanity and paralysis, debilitated and cachectic, but not scorbutic. A transcript is presented of a few cases of like character.

Case I.—Woman, 29 years of age, who had been an inmate of the State Asylum at Utica for more than five years. When admitted she was a marked case of melancholia, but soon became demented and continued dull, indifferent to her surroundings, and manifested little mental or physical activity. She retained flesh and strength and took food regularly at the table, though inclined to restrict her diet to food of the amylaceous order. This was supplemented by milk, and though she received a fair amount of food, she was during the whole period anæmic. In September, 1875, without any mental or physical change purpura was suddenly developed. It was located upon the outer side of the left thigh, and extended from the hips downwards to the ankles, and on the under aspect of the thigh from the line of pressure made by the edge of a chair when sitting. Below the knee, and especially about the ankle, the condition was equally marked and accompanied by an extensive serous exudation. There was no complaint of pain or of discomfort, and no constitutional disturbance. The gums were firm and hard, though pale. The patient was put to bed and given liquid foods, stimulants and mineral acids. The ecchymosed spots passed through the changes in color common to

hæmorrhagic effusions under the skin, and entirely disappeared after about six weeks. There was no return of the condition, though the debility of the patient increased, and she died of phthisis in February, 1876.

Case II.—Woman, 35 years of age, who had been insane three years, and an inmate of the Asylum fifteen months. She was excitable, irritable, talkative, and had periods of maniacal noise and violence, in which she resisted care and refused to take food, or medicines prescribed, and was also anæmic. One morning she complained of the spots on her limbs, and of a soreness of her flesh as if she had been bruised, though she asserted she had not been injured in any way. There was no constitutional disturbance. The effusion was nearly as extensive as in the other case, but was distributed entirely upon the outer aspect of the thighs. There was a marked change in the mental condition of the patient. She became quiet, docile, and yielded readily to every suggestion regarding her care and treatment. She was treated in the same way, with liquid food, stimulants and mineral acids, and in about one month recovered and returned to her former irritable and excitable condition.

Case III.—Man, age 33; had been insane for more than three years, and an inmate of the Asylum but a few months. He was considerably reduced, but, after admission, ate well, and gained in flesh. In the spring of 1876, under the influence of delusion he began to refuse food, except bread and water; food was, however, administered to him in sufficient variety and quantity, but after some two weeks Purpura was developed, a patch as large as the hand appearing upon the inner side of the thigh. Food was continued by the stomach tube and mineral acid was added. Recovery from the condition rapidly followed, and though the patient has since refused food and been equally debilitated, there has been no recurrence of the condition.

Case IV.—Man, age 37; had been insane for about one year; had melancholia with syphilis, and had been in the Asylum but a short time. During some of the earlier months of his attack he ate voluntarily only bread and water, but after his admission he took a greater variety of food and gained materially in flesh and

general condition. At this time he again refused food, which was administered by stomach tube. After some two weeks, purpuric spots appeared upon the inner side of the thigh and leg; they were some four inches long, and nearly the same in width. To the liquid diet and mineral acid the biniodide of mercury was added. In three weeks the ecchymosed spots had entirely disappeared, and although for some time the patient ate sparingly and demanded watchfulness to insure the ingestion of the proper amount of food there was no further developement of the condition.

In the latter case a microscopic examination of the blood was made by Mr. Deecke, the Special Pathologist of the Asylum. It was thought that this might throw some light upon the etiology of the diseased state. There was, however, no disturbance of the relations of the white to the red corpuscles in the blood, and the only change noticed was that the corpuscles had lost their distinct numular shape, and had acquired a more marked spherical form.

The two following are given as instances of Purpura Hæmorrhagica:

Case V.—*Purpura Hæmorrhagica.*—Woman, age about 45; had lived in comfortable circumstances, and was in good flesh and fully nourished. She became insane some four months before admission; was a mild case of melancholia, induced by ill-health from grief and anxiety. Soon after coming to the Asylum she refused food and ate so sparingly that it was necessary to urge her to take a proper amount. About a month after admission she went to bed complaining of being sick, and for two days her temperature was somewhat elevated. This declined, and there followed in some four days an exudation of blood from the gums, fauces and nasal membrane. Petechiæ appeared about the face and chest, and these were succeeded by spots of Purpura, of irregular size up to several inches in area, which covered much of the dermal surface of the body and extremities. On the fifth day there was an extensive hæmorrhage from the lungs, of which prior examination had revealed no diseased condition. This reduced her to a point where her life was despaired of. At this time she began to take food freely, and was given stimulants and mineral acids.

Under these she has rallied, and is now up and able to be about, though there remains a consolidation of the lung substance, which is no doubt due to the hæmorrhage. Another point of special interest is the formation of small abscesses, which mark the petechial spots.

CASE VI.—Man, age 26; had been wild and dissolute and was of quarrelsome, irritable disposition. In a debauch some two years before admission to the Asylum he received a blow over the right temporal region which produced unconsciousness for a short time. About six months after this there were evidences of mental disturbance. He was feeble in mind, had exalted delusions of wealth, and at times marked disturbance of speech. He continued quiet and harmless for some eighteen months, when he became noisy, violent and maniacal, and on this account was sent to the institution He lived about six months, and during the whole period was restless, noisy, incoherent, had hallucinations of sight and hearing, hesitancy of speech, and extravagant delusions of wealth and power. He had no convulsions, ate heartily and body was well nourished. Two weeks before his death the urine passed was highly colored and apparently sanguinolent. On examination it was found to be strongly alkaline, and to contain blood and pus in large quantitiy. The urine continued thus for four or five days, when it regained the normal condition. There was no constitutional disturbance and no evidence of disease of the bladder or kidneys. He died suddenly from hæmorrhage into upper part of cord. *Autopsy.* Rupture of the vertebral artery, which contained a thrombus and showed an aneurismal dilatation one-half inch below the basilar artery; slight pachy-meningitis interna over the right temporal, the right parietal and a part of the right central convolutions. The right side of the cerebrum showed the following softened spots: one of the size of a silver five cent piece in the first temporal convolution near the ascending branch of the Sylvian fissure; one of the same size in the second temporal convolution above the second temporal fissure; one of irregular shape, about one-eighth to one-fourth of an inch, by seven-eighths of an inch in the second temporal convolution, above the middle temporal fissure; one of about the same shape but still a little larger than the

foregoing in the third temporal convolution, above the anterior part of the lower temporal fissure The thoracic and abdominal, including the urinary, organs, to which attention was especially directed, were in a healthy state.

This case, though in many features resembling Paresis, was one of brain softening. It is reported as illustrating a class of cases in which the hæmorrhagic effusion is symptomatic of irritation from cerebral lesion.

There are certain points of resemblance in the cases here reported. In none of them did the conditions under which purpura is ordinarily developed exist. The hygienic surroundings were of the most favorable character, and none of them suffered from exposure to damp or cold. Food in proper quantity and quality, except at short intervals, was taken, and when refused was administered. They were, with one exception, cases of chronic insanity, and all were suffering from disease of the central nervous system—a condition in which there is often disturbance of the sympathetic as well.

The influence of disorder of the vaso-motor nerves in producing purpura in certain conditions and nervous diseases, as in neuralgia has already been stated. That more extensive lesions may depend upon this cause is shown by experiment. Axman, as reported by Simon, has caused extravasation of blood by interrupting the nervous supply in parts. He destroyed several ganglia of the sympathetic nerve of a frog, and the result was not only hæmorrhage but softening of the tissues of the parts deprived of nervous influence.

Charcot, in his "Lectures on Diseases of the Nervons System," in the chapter "on disorders of nutrition, consecutive on lesions of the spinal cord and brain," gives cases illustrative of trophic lesions, resulting in the destruction of the skin and underlying tissues. These are the acute bed sore, occurring in apoplexy, which is found in the gluteal region and when the paralysis is unilateral always upon the same side, and the acute bed sore of spinal origin, which is found only in the sacral region. The same destruction of tissue frequently accompanies injuries or wounds of the spine, occurring at the same time and consequent upon cerebral lesion. Charcot

mentions the passage of sanguinolent urine, alkaline in reaction and sometimes purulent. (See case 6.)

Another example of the effect of nerve lesion is seen most frequently in Paresis or general paralysis of the insane, though sometimes in ordinary paralysis, in the effusion of serum or blood under the dermal surface, which often goes on to the destruction of the deeper tissues, forming extensive and dangerous sloughs. In this form of disease there is not only lesion of the central nervous system, but the whole nervous expansion is involved.

In investigating the cause of nutritive changes, on which the different conditions of congestions, exudations or effusions, and mortification depend, there will be found two theories of special prominence. M. Schiff, in discussing this question, asserts "that the changes of nutrition originate in the hyperæmic parts, in cases of vaso-motor paralysis, under the influence of the slightest local mechanical irritant, and that inflammation here readily takes on a destructive character." Charcot acknowledges that many of the phenomena do directly depend upon either the dilatation or contraction of the smaller vessels determined by nervous influence, and that local nutrition may receive a serious blow from the mere fact that the part has been withdrawn from vaso-motor innervation. He, however, recommends the trophic-nerve theory as better explaining the phenomena observed. This theory presupposes the action of a set of nerves whose office is to control assimilation and absorption, but whose existence even has not been anatomically demonstrated. Some of the views held, with the analogies which sustain them, regarding nutrition changes are thus simply stated. If the cases reported direct attention to the subject, and induce any to record facts occurring within their experience, which may tend to shed additional light upon the question, the purpose of the writer will have been attained.

———:o:———

ART. II.—*The Obstetrical Forceps*—by Prof. JAMES P. WHITE, M. D. Presented before the Buffalo Medical Association April 2d, 1878. Reported by JOSEPH FOWLER, M. D., *Secretary*.

The first to mention the forceps was Avicenna, in the eleventh century, but during the succeeding five or six hundred years it

seems to have been entirely forgotten until a member of the family of the Chamberlens, in the first half of the seventeenth century, invented and secretly used an instrument with which he claimed to be able to deliver women more speedily and with less danger than if the completion of labor was left to nature. The secret remained with the Chamberlens, who refused to divulge their appliances, and it was only during the first half of the eighteenth century, after Chapman and Gifford had introduced a straight instrument, that it was brought into general acquaintance. It is, therefore, a comparatively modern invention, and many modifications have been brought forward which greatly increase its usefulness. The form of the forceps employed differs greatly; in England a short, straight instrument is chiefly used, while on the continent we find a long one with the pelvic curve. In America both are used, as the practitioner chanced to adopt as his text-book and guide, a French or English author.

The value of the forceps depends upon their applicability, and in this respect the long are much to be preferred to the short; the latter can be employed only at the inferior straight, whereas the former can be made available equally well at the brim of the pelvis. It is due to this difference, in part, at least, that statistics concerning the frequency of the use of the forceps vary so much. While in France and Germany they are resorted to by some as often as one in every seven, and, by those obstetricians who use them least, as often as once in "250" labors; in England and Ireland only one in six or seven hundred has until recently been thought suitable for their application. Thus we find Dr. Seibold, of Berlin, who uses a long instrument, according to the valuable tables furnished by the American edition of Churchill's Midwifery, had recourse to forceps once in every seven cases—and *craniotomy* only once in 2093 cases. Dr. Collins, of Dublin, who recommends the short forceps, employed it only once in 617 labors, and resorted to the graver operation of *perforation* once in 141 cases, being nearly 4½ times as often as he used the forceps. These men were among the very first practitioners in their respective countries, and yet we find the celebrated Irish accoucheur resorted to craniotomy more than 14 times as often as the no less distinguished

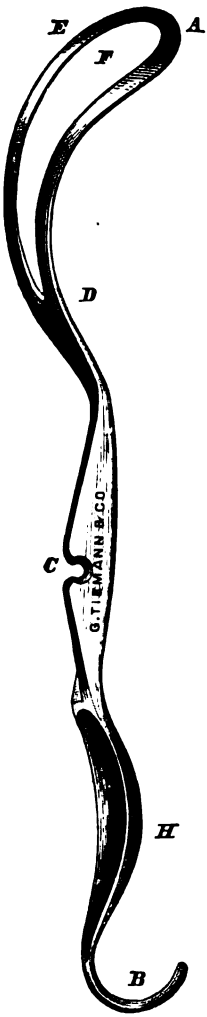
continental physician, whilst the latter delivered by forceps 88 times as often as the former. Nor are these by any means rare examples. That the highest proportional frequency may not claim imitation we admit, but is it not apparent that there may be danger of falling into the opposite extreme, and that hyper-caution and delay may beget the necessity, often, for a more frequent resort to craniotomy?

As the long forceps only, can be applied when the head is high in the pelvis, and may be applied by skillful hands equally well at the inferior strait, I am inclined to recommend its exclusive use. By confining himself to one instrument, the operator acquires greater familiarity with it, and becomes more expert in its application. The form of the long forceps, as we find it scattered through the country, varies greatly, as does also its weight; there is no apparent want of variety, as may be seen by examining the numerous plates furnished by the modern obstetrical publications. The difficulty seems to have been, that each inventor conscious of the general defects, has fastened upon some one point, and losing sight of everything else, has strenuously urged the adoption of his fancied or real improvement; others, again, have recommended an instrument, the general form of which was admirably adapted to fulfill the end in view, and then rendered its application difficult by leaving some important point defective. Prof. Hodge has pursued a different course, selecting from each of the different forceps in use its peculiar merits, then combining them all in one, making the least objectionable of any American instrument.

The instrument which I have used during the last few years is a long forceps, and is considerably curved upon its lateral aspects. It measures in its entire length (*a* to *b*), conforming the line measured to the curvature of the blades, 17 inches. The blades and their shafts to the pivot being about 9½ or 10, the handles about 7 inches. The blade (*a* to *d*) is 6½ inches in length, and 7 lines at its narrowest point (*d*), and 2⅛ inches in its broadest point (*e*). The fenestrum is one and three-eighths (1⅜) at the widest part (*f*), and gradually diminishes to less than one-half of an inch at the heel. The inner or fenestral margin of the blades is ground down so as not to exceed one-sixteenth of an inch in

thickness, the width (*e* to *f*) being scarcely 5½ lines, and not exceeding one line in thickness at its periphery (*e*), being considerably thicker in the centre (midway between *e* and *f*).

The shaft of the blade is scalloped out considerably toward the pivot, upon its inner surface, beyond the termination of the fenestrum, thus diminishing weight without lessening the strength.



The points of the blades when the instrument is closed (*a*) are but 8 or 9 lines apart, and at the widest point (*g*) they

are 2 inches and 9 lines apart, on the upper or concave surface; whilst on the lower or convex surface, they are slightly more expanded. The shafts of the blades (from *d* to *c*) approach each other rapidly, but not abruptly.

The blades at the centre of their points deviate 3½ inches from the straight line in forming their second or pelvic curve. The entire thickness of the closed instrument at their point of junction is less than six lines. They are united by means of the German notch and button, or screw, which is counter-sunk in the female blade, and when the instrument is closed the blades are held as firmly as by a pivot. The edges or shoulder of the mortise, or notch, are rounded, or pared off for four or five lines on either side, so as to incline the pivot to slide into the notch. The mortise is not carried very deeply towards the opposite side of the blade, which would greatly diminish its strength at this point.

The handles, unencumbered by the heavy wooden beams which are attached to the handles of many modern forceps, diverge in the centre to 1¾ inches, and each is expanded or flattened to 1⅛ of an inch in width at that point, and well roughened on the outer surface, so as to be securely grasped. Each handle is made concave on the inside and convex externally, thus diminishing its weight very much. The points are contracted again, curved and polished, and will separately answer the purpose of blunt hooks. The one may be made to inclose a perforator, and the other a sharp hook or crochet. Each is made oval, and the sheath enveloping it is secured by means of a small transverse screw, which may be removed by the point of a penknife or scissors. The entire instrument is made of the best German cast-steel, and is much better to be nickel plated which prevents rust. It may be had of Tiemann & Co., No. 67 Chatham street, New York.

Here it is perceived we have a very light and graceful instrument of sufficient length to seize the head at the superior strait without difficulty, leaving the lock entirely free from the external organs. The curve is such, also, as to conform to the direction of the passages, without exerting injurious pressure upon the perineum. The shafts of the blade approximate so as not to distend the vulva before the descent of the head. They incline, however, so

gradually as not to diminish their power, as is the case with the instrument of Dr. Hodge.

It will be found that the concavity of the fenestrum, beveling off the inner edges of the blades, will render it better adapted to fit accurately the parietal protuberances, and prevent those salient points from being injured or indented by the sharp angles usually found on the inner border of the fenestrum. Moreover, this is the widest part of the fœtal head and the surface to which the fenestrum is ordinarily applied, and if this margin of each blade be two or two and a-half lines in thickness, as is the case in many instruments, the amount of compression of the head must be three lines more in consequence of unnecessary thickness. One of the difficulties in application consists in uniting the blades. In the instrument represented this end is greatly facilitated, slightly lessening the weight at the same time, by cutting away the abrupt shoulders to the mortice, into which the screw easily glides, whenever it gets within these inclined planes. Again, whoever has been compelled to hold on to well polished round steel handles will readily appreciate the comfort, as well as sense of security, which a roughened and expanded surface must afford. The length of the handle may be increased and bent so as to form a blunt hook, and a very good perforator may be inserted into the extremity of one handle and a sharp hook into the other, which will answer very well if the work of destruction become unavoidable.

The weight of the different forceps most frequently found in use, is as follows:—

White's,	13 ounces,	Eliots,	19¼ ounces,
Hodge's	17½ "	Suer, Paris,	23 "
Bedford's,	18½ "	Seibold, Berlin,	27 "

The last four have their weight greatly increased by the heavy wooden handles, which are entirely dispensed with in the first instrument. Some manufacturers, in their endeavor to make a light and graceful instrument have sacrificed strength to beauty, and rendered them of little value from the liability of the blades to spring apart and dilate, slipping from their hold when force is applied. More compression can be made with White's than with Hodge's

forceps, although they are 4½ ounces lighter. This is due to the gradual inclination of the blades to each other.

In 1851, while in Paris, two instruments were constructed by Cherriere, the French instrument maker, in the manner just described, being exact copies of a pair of forceps which I carried with me. One of these was presented to Paul Dubois, who assured me at a subsequent visit in 1866 that he had used it ever since with great satisfaction. Exact patterns of White's forceps are now largely sold in Paris and New York as Dubois' instrument.

Of the complex and complicated instruments introduced by M. Tarnier, of France, and of the still more modern one by Dr. M'-Ferran, in which by means of a joint, motion of the blades is allowed, little need be said. They present no benefits over the ordinary forceps, and will be found more difficult of application and less certain in use; this is as true of most of the changes proposed. The light, strong, well-constructed, long, curved forceps in the hands of a skillful practitioner are the safest mode of instrumental assistance.

The prejudice of British and American practitioners to the more frequent use of this most beneficent of all obstetrical instruments is rapidly giving place to a more intelligent appreciation of its powers and utility. Barnes, Playfair, Aveling and other celebrated English obstetricians all advise their more frequent employment, and Dr. Edis gives as one of his conclusions, in an article on the forceps recently read before the obstetrical society that "the use of forceps, at least as often as in one case in ten, is desirable." This view was concurred in by nearly all the noted obstetricians present, and showed that a change amounting to a revolution has taken place in the opinion and practice of London practitioners.

The early application of the forceps diminishes the danger of septicæmia, sloughing, stricture and laceration, since these depend more upon the duration of the labor than the severity. Some of the indications warranting their employment are, inertia of the uterus, slow descent of the head through the pelvis, a pelvic diameter below three and one-half (3½) inches, delay for any cause, rupture of the uterus where presenting part can be seized, and in breach presentations where the danger to the child is very great.

Traction should always be made in the direction of the axis of the straight in which the head is placed and in imitation of nature, periodically.

Common sense should be used in determining how and when to apply the forceps, and in using heavy ones the danger of wounding the head of the child and maternal parts must be borne in mind. It is better to err by interfering, perhaps, a little too soon, rather than sit supinely by, while the strength and vital force of the patient ebbs away.

———:o:———

ART. III.—*Placenta Prævia,—Its Treatment.* By CHARLES F. A. NICHELL, M. D., St. Helena, Cal.

The abnormal insertion of the placenta, known as placenta-prævia, has since its recognition always been regarded as one of the most dangerous complications of child-bed; not only on account of the danger arising therefrom to the mother, but also from that to the child. Its importance, therefore, demands that all the light should be thrown upon it that clinical observation and experience may have gathered, and to direct the attention to each method of treatment that has secured the greatest safety to those intrusted to our care. With this aim in view, assured that the readers of your *Journal* are too well acquainted with the etiology, diagnosis and prognosis of the subject under consideration for the writer to allude to them especially, he would submit the result of his observations while engaged in policlinical work in Berlin.

The treatment of placenta-prævia depends *primarily* upon whether the hemorrhage occurs during the earlier period of gestation or near the close of the same—and *secondly*, upon the amount.

Hemorrhage occurring during the earlier period of gestation, and moderate in character (the first as a rule being slight) it will suffice to remand the patient to bed, placing her upon cool drinks, light and easily digested food, and securing free evacuation of the bowels by saline cathartics. Should the bleeding be arrested by these measures, the patient may be allowed to leave her bed after

a few days, being, however, strictly charged to seek medical aid upon the first recurrence of the flow. Cold applications to the abdomen, vaginal injections, and the tampon are counter-indicated as these have a tendency to cause uterine contractions, thereby increasing the difficulty. Should the hemorrhage be ushered in, profuse and dangerous in character, the action of the physician will depend upon the condition of the cervix. When undilated so as to preclude the possibillity of passing at least one finger beyond the os internum, he must have recourse to the tampon, compressing the bleeding surface between it and the ovum. Usually the bleeding will be arrested, but it will be prudent so long as no labor-pains are produced to continne the tampon for 3 or 4 days changing it every 12 to 24 hours, according to the amount and character of the vaginal secretion. But should the hemorrhage continue, and the cervix be found impassable to one or two fingers, it will be necessary to dilate the same either with the sponge-tent or Barnes' dilators.

For the further operative interference intended by the physician, he must have a clear understanding of the character of the placental insertion, whether the same be *centralis* or *lateralis*, as upon a correct diagnosis, the prognosis of his case will largely depend. This, as at first sight might appear, is not always easy, since blood-coagula may be confounded with placenta.

In *placenta-prævia lateralis*, it will generally be sufficient, after the cervix has been made passable and the *head presenting*, to rupture the membranes. The hemorrhage will as a rule cease at once, since the placenta can now follow as the uterus retracts over the advancing fœtal head, while the latter directly compresses the bleeding surface. This compression can be assisted by steady, firm, pressure upon the uterine contents through the abdomen. With the discharge of the amniotic fluid labor pains are ushered in, which increase in strength and regularity, and labor is completed as a rule without further accident. In case, however, the pains cease, and the hemorrhage arises anew, we must at once apply the forceps, providing always that the conditions requisite to their application are fulfilled, otherwise the delivery to be conducted in the manner subsequently considered.

In placenta-prævia lateralis should the head not present, version should be made by the combined (Braxton Hill) method. This method is also to be employed in *placenta-prævia centralis* at whatever period of gestation the hemorrhage should occur, and irrespective of the fœtal presentation. As an especial advantage of this method, it must be borne in mind that by bringing down a foot, the leg will act as a tampon from above downward, and as the cervix dilates we have a handle at our command by which we can at will increase the compressing power, by engaging the hip. Furthermore, by the early execution of the combined inner and outer version, we in a great measure avoid the anæmia as well as the danger from septic poisoning, which, notwithstanding the anti-septic precautions, we are likely to incur with the tampon. Since placenta-prævia occurs usually in multipara in whom, during the last months of pregnancy, the cervix is passable for two fingers, the version with rupture of the membranes and bringing down a foot will be attended with but comparatively little difficulty. Certainly such a plan of operation is much easier and attended with far less danger than the accouchement forcé, by which lesions of the cervix occur, giving rise to most uncontrollable hemorrhages in the post-partum period.

In the execution of the combined version for placenta-prævia it will be necessary to attend to the following preliminary preparations:—

a. Since it is important to operate as quickly as possible, it is imperative to entirely neutralize the action of the abdominal muscles. Accordingly, wherever practicable we should chloroform the patient. This can be done with perfect safety notwithstanding a high grade of anæmia may exist.

b. The patient should be bedded, so as to allow the greatest freedom of action to the operator. Care, however, should be had to maintain the horizontal position so as to guard against anæmia of the brain.

c. To avoid unnecessary delay in finding the feet, the position of the fœtus in utero must have been exactly determined by external palpation, before the operation begins.

The patient being thus prepared, we endeavor to pass the pla-

centa. Unless we can readily feel the marginal border, or determine the smaller lobe of placenta, we proceed at once by a see-saw motion of the fingers to detach the placenta on that side, in which by our external examination we have found the feet to be, and as soon as we have reached the membranes rupture them. The fingers then advance in the direction of the feet, while the presenting part of the fœtus is displaced by the external manipulation, but not until the version is completed must we withdraw the hand, and with it bring down the foot. The leg or hip is to be brought down as far as the dilated os int. will permit, with which act the object of the operation, viz.: arrest of the hemorrhage, will have been accomplished. The further expulsion we leave to be accomplished by the labor-pains which incited by the foregoing operation will generally be found efficient. Should the cervix be not sufficiently dilated to permit the passage of, and offer great resistance to, the descent of the larger fœtal parts, steady, but gentle traction upon the foot sufficient to compress the bleeding surface will answer the purpose, and the anæsthetic is to be discontinued. Care must be exercised in developing the head, as frequently the os internum is not sufficiently dilated to permit its passage. Undue force to pass the fingers beyond the os internum will result in serious lesion and must be guarded against. In such cases we must aim to engage the smallest diameter (bi-temporal), which we may do by placing the middle finger upon the root of the tongue, the index and ring fingers upon the canine fossa, depressing the chin upon the chest, and by steady, but gentle traction assisted by external pressure develops the head. Under no circumstances must premature respiration on part of the fœtus lead us to a hasty delivery, as the danger arising therefrom to the child must give way to the greater, which the mother incurs by so rapid a delivery.

More or less profuse hemorrhage follows the expulsion of the head even though no lesions of the cervix exist. This is due to the imperfect uterine contractions as they are especially met with in placenta prævia. The placenta if not readily expelled by the Crede method should at once be separated with the fingers.

But with the expulsion of the fœtus and placenta the danger from hemorrhage to the mother is by no means past. For although

by the combined inner and outer version we avoid laceration to the cervix, and the fœtal extremities compress the bleeding surface, yet owing to irregular uterine contractions a large quantity of blood may discharge itself either externally or into the uterine cavity. Should a steady flow of blood exist, when the uterus is well contracted, it undoubtedly proceeds from lesions to the cervix. A recognition of the cause of the hemorrhage is of vital importance. When due to atony of the womb, friction and compression of the same, ergotin subcutaneously; ice-water and styptic injections into its cavity, but especially irrigation with water at a temperature of 122° to 125° F. will succeed in even the most desperate cases to secure contractions. Hemorrhage due to laceration of the cervix will render the foregoing measures futile, and our hope must depend upon direct compression. The syncope can be combated with stimulants, hypodermic injections of tinct. musk, campor, but especially by sulph. æther 15 to 20 minims repeated at short intervals.

Finally the after treatment will engage our attention in two directions. First, to secure an energetic involution, and secondly to overcome the anæmia. The former will be accomplished by occasional small doses of ergot, astringent vaginal injections, and hip-baths; the latter by horizontal posture with hips elevated, bandaging the lower extremities so as to force the blood to the heart, and such other measures as experience has sanctioned. However, should our efforts not be crowned with speedy success, the question of transfusion forces itself strongly upon our attention, and we should not defer this operation too long.

Heidelberg 15-14-78,
9 Bahnhof street.

———:o:———

ART. IV.—*Abstract of the Proceedings of the Buffalo Medical Association.* May 7, 1878.

Members in attendance: Doctors Lothrop, Gay, Cronyn, Gould, Mynter, Brecht, Howe, Wyckoff, Rochester, Bartlett, S. S. Greene, Ring and Fowler, and by invitation Dr. Harting, who on motion was invited to participate in the proceedings of the Association until such time as was necessary to complete his membership.

Dr. C. C. F. Gay, the essayist for the evening, presented "Clinical Notes and Comments concerning the Surgery of the Hip, with a Résumé of Methods of Admeasurement." The main feature of the paper was to point out the uncertainty of physical signs in the diagnoses of injuries to the hip, and cases were cited to show that some of the most eminent surgeons had been led into error and forced to an acknowledgment by subsequent *post mortem* appearances. The paper concluded with a few remarks upon the various methods employed to detect deformity by measurement, the reader being of the opinion that no one method could be considered perfectly reliable, and that it is well to be familiar with them all and avail ourselves of the advantages each possesses.

In the discussion which followed, Dr. Wyckoff said a sensible method of detecting shortening was to require the individual to stand erect, and pass a tape line from the seventh cervicle vertebra to some fixed point of the foot, then elevate the extremity which is the shorter by placing a wedge under the foot until the distances from the points of measurement on either side are equal. The thickness of the wedge would indicate the degree of shortening.

Dr. Greene thought the method rather a tedious one, but could see no reason why it should not be accurate. It would be a difficult matter for some patients to stand on their feet. He believed the best way was to put the patient on his back with his hips level and measure from the anterior superior spinous process to the internal malleolus. If the distances between these points are not uniform in healthy persons who have never suffered from disease of the hip or extremity, as appears to be proven by the table of measurement made upon such individuals referred to in Dr. Gay's paper, then he doubted the accuracy of this method.

Dr. Mynter did not think that the method mentioned by Dr. Wyckoff a reliable one, as the person might incline to one side and the difference in measurement would simply indicate lateral curvature of the spine. He believed the most accurate way was to place the patient on his back and carry a bar across the hips at right angles with the median line, then measure from this bar on either side to the internal malleolus.

Dr. Cronyn understood that the principle object of Dr. Gay's

paper was to call our attention to certain means employed to ascertain whether the hip had been injured in one way or another, and quoted cases to prove that the most skillful had been in error. The head of the bone may be displaced from its socket without evidence of shortening in one case, and in another the limb may be considerably shorter, and no one method of measurement can be relied upon in all these cases, but all must be tried. The majority of surgeons in London use Bryant's angular method. He had removed the head of the humerus and found no difference afterwards in its length as compared with the other arm, thus proving that a similar condition of the hip might exist without evidence of shortening.

Under the head of Voluntary Communications Dr, Howe presented a case illustrating the result of operative treatment in divergent strabismus. The patient, K. B., was a girl of fifteen, whose eyes were healthy up to seven years ago. At that time there was developed in the left one a severe attack of purulent conjunctivitis. A leucoma, or nebula remained which covered the pupil, and the entire internal and inferior quadrant of the cornea, and there followed in this case, as in many similar ones, a divergent strabismus of the blinded eye. Moreover, the deviation from the normal position was so great that when the right eye was directed at an object immediately in front, the left had part of its cornea covered by the external angle of the lids. The resulting deformity together with the bleared appearance presented, could be removed only by first hiding the white spot of the cicatrix, and secondly returning the eye to its natural position. The former indication was fulfilled by smearing the corner with india ink and tattooing it in, by means of a fine needle. The latter was accomplished as follows: The internal rectus muscle, being severed from the sclerotic, a stitch was passed through its extremity and it was brought forward, to be attached close to the margin of the cornea. The external rectus was also divided, but a fragment was left next to the globe, to which a thread several inches long was made fast. This thread was then drawn across the nose, and being retained there by means of a strip of plaster, the eye was thus forcibly rotated inwards. This position was retained for three days, the internal rectus having been

made to advance, and the external rectus to recede from their former position. As a result, the artificial coloring of the cornea could only be detected upon examination, and the divergence reduced to such a degree that although present it was not markedly apparent.

Dr. Greene made a few remarks upon the treatment of fracture of the patella, and described a simple device which he had lately employed obtaining bony union. He places his patient on his back and puts the injured limb upon a single inclined plane, then straps on with adhesive plaster a piece of sole leather about two inches long and one wide, cut in the form of a crescent so that their concave surfaces will fit closely one to the superior and the other the inferior edges of the patella. After they have been firmly secured by adhesive strips he is able by further strapping to draw the fragments into close proximity. In one of the two cases reported there was considerable suppuration before the treatment was begun.

Dr. Cronyn said that when inflammatory action was very great there was more apt to be bony union, than without it. Although the leather supports might be new, the principle was the same as that embodied in the canvas knee cap, which consists of similar supports on opposite sides of the patella, which can be closely approximated by lacing after the cap has been made fast to the leg.

Dr. Rochester thought the apparatus an ingenious one, and that it might be made very useful in the treatment of this fracture. A firmer attachment could be obtained with adhesive plaster than with straps buckled around the leg. The straps and buckles caused irritation and sometimes sloughing, which was the principal objection to the knee cap; this, he thought could be obviated by using adhesive plaster in the manner suggested by Dr. Greene.

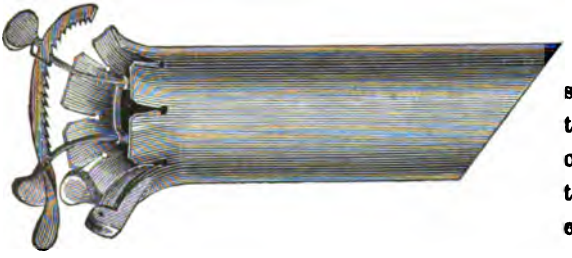
The next regular meeting night of the Association occurring upon the same date the American Medical Association convenes in this city, it was therefore moved and carried that the next regular meeting be held upon the evening of May 31st, to which date the Association then adjourned.

JOSEPH FOWLER, *Secretary.*

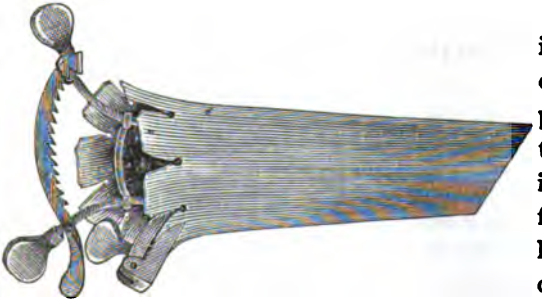
Correspondence.

To the Buffalo Medical and Surgical Journal:

Please find in the accompanying package an improved Vaginal Speculum. It is made, as you will notice, by the rolling up of a sheet of hard rubber, when heated, in the form of a scroll, with suitable levers and clutches for opening or closing the same.

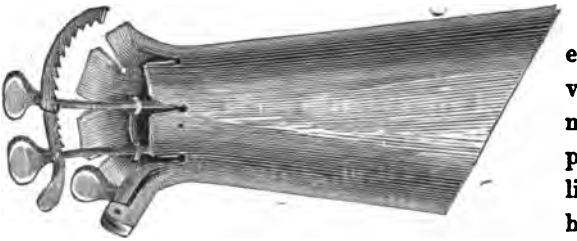


The one I send you is a large size, too large for the ordinary use of physicians. In the construction of this instrument I have intended that it should possess all the good points of both the cylindrical and bivalvular classes. When closed, as shown by the cut, it is a conical-shaped instrument, smallest at the inner end.



In this condition it is easy of introduction, and the physician can see through it, facilitating very much the finding of whatever he may be in search of.

When the instrument has been properly introduced and the object brought to view, the inner end may be largely expanded, as shown in the cut, thus giving a wider field of view for operations than can be obtained by an ordinary cylindrical Speculum capable of introduction.



When expanded its form prevents its displacement and the physican has the liberty of both hands. The vaginal walls do not close in as with the valvular class.

I had these instruments made by the Buffalo Dental Manufacturing Company some time ago, and have since used a smaller one quite frequently, and like it. Yours,

S. G. Dorr, M. D.,
Buffalo, N. Y.

We have received the instrument represented in the above cuts, and from its easy adjustment and ample exposure of uterine neck judge it often useful in surgical operations as well as in applications to the uterine neck. It is ingenious in its construction, and may be used in all cases, both for diagnosis and treatment, though its chief advantage is full exposure of the neck for surgical operation. Ed.

———:o:———

Miscellaneous.

Prevalence of Malaria.

I would like to say, with regard to the prevalence of malarial diseases on different topographical areas, that it is a matter of observation, that such diseases prevail especially on the flat lands bordering on water-courses. I speak of the malarial regions of the South and Southwest, including Mississippi and Alabama; the same observation will apply to Southern Illinois, Missouri, Kansas and the States bordering on the Ohio, and also to some extent to Northern Illinois, likewise of the greater unhealthiness of the river and creek bottoms. The fact is so well known at the South that planters used to regulate their lives by it. They had often several plantations, one of which they took care to keep up, though less productive than the others, in the hilly districts. Between the Mississippi and Yazoo rivers the country is a dead level; the planters leave these lands for the hills, thirty or forty miles away, in summer,

or rather used to do so before the war, where they could afford it. It is a prevalent custom at this time, for white laborers to leave the unhealthy bottoms in July. after having picked their crop of cotton, not to return to them again until September, at the earliest. It is from personal observation also that I affirm the level ground and swampy districts to be more unhealthy than the hills. This I believe to be so, not solely because the flats are generally marshy and more or less miasmatic of themselves, but because they are often situated at the base of eminences which bound them. We must recollect that from these eminences there is not only a pluvial drainage but an ærial one also; at night cooled air passes down to the levels, and carries with it the miasmatic effluvia of the hill sides. Every night the cold, humid air, charged with whatever miasm may be generated from the soil, rolls down upon the flats and remains there until the next morning, when the fog rises. Nothing is more firmly believed by the resident population, than what I have affirmed, indeed they would laugh any other opinion to scorn, and I am sure they know more about it than doctors who write on the subject in a scientific way, and never saw a case of congestive remittent in their lives, or had the least opportunity for studying the etiology of these semi-tropical maladies.

I must say, it has been a source of regret to me that during the last ten or twelve years the germ theory of disease has obtained so strong a food-hold in medical opinion. This theory has not been proved by any means; it is still a decidedly cloudy affair; a hypothesis which has never been established; a vague assumption imaginated by a class of thinkers who feel themselves unable to grope with the subject without having recourse to empirical hypotheses. Indeed, I am strongly inclined to believe that there is no such thing as the special agent we call malaria, and that the disease generally spoken of is due to so-called malaria are to a very much greater extent than has been supposed, the products of long continued and exaggerated heat and humidity combined. In this climate, we are not able to understand the intensity and exhausting effects of the heat and humidity of semi-tropical countries. There, all day long, for six or seven months of the year, from April to the last of October, or the first of November, the heat is excessive. The humidity is likewise exceedingly high; with regard to the temperature, higher during the early Autumn than in the middle of Summer. Now, *humidity* is *tantamount* to *heat*; every degree of humidity is equivalent in its effects upon the animal body to several degrees of heat, at least.

It is the humidity of the air that prevents the cooling of the body when over-heated. The constant excitement of the circulation, and the exaggeration of the nutrient processes generally, in consequence of the abnormally high temperature which the organism has to assume, eventually explodes in a febrile movement. But humidity and heat combined, the vastly greater portion of the so-

called effects of "malaria." Malaria is no single or peculiar emanation from the soil, capable by itself, of generating the disease in question. I do not by any means, however, wish to deny altogether the influence of animal and vegetable decomposition upon the origin of what we recognize as malarial affections. During the decomposition of both animal and vegetable matter gases are formed which are competent to deoxidize the blood. During the circulation of malarial diseases, also, I have no doubt that many other agencies of intra systemic origin, resulting from the overheating of the body, conspire to induce a spanæmic condition of the blood. If we draw blood in such diseases we kill our patients. This remark is especially applicable to the most malignant form of fever known at the South, viz: yellow fever, and is applicable, though less cogently, to all idiopathic fevers, for fever is indisputably an expression of hypo-oxygenation of the blood. Anything which induces poverty of the blood necessarily disposes to an attack of fever, so that I am satisfied that the influences of heat and humidity far more highly express than we usually understand in this latitude, are much more directly concerned in the generation of malarial fevers than has been generally taught.

The prevalence of malarial diseases in marshy places is due to the accumulated heat of the soil; the rays of the sun pass easily, by virtue of their high tension, through a humid atmosphere, and are absorbed by the soil, but the rays of low tension given off by the soil in return cannot traverse the overhanging humid air. This is a commonplace fact in meteoroogical thermics. Most transparent media act in the same way; thus in a hot house the rays received through the glass cannot pass out again, but are retained by the earth and herbage within, and so a high temperature is attained. A humid air, like the glass of a hot house, or the water overlying decaying leaves in a swampy pool, acts as a sun-trap, and in all cases the earth becomes hotter than it would otherwise do. If the air is humid, the soil heat at night remains high, and houses and the human body must continue at an abnormal temperature, the system is then very soon overborne.—*Dr. Ford in St. Louis Medical and Surg. Journal.*

———:o:———

INTRA-VENOUS INJECTION OF MILK.—Dr. Thomas gives the following as his conclusions in the use of milk as a substitute for transfusion of blood:

1. The injection of milk into the circulation in place of blood is a perfectly feasible, safe, and legitimate procedure, which enables us to avoid most of the difficulties and dangers of the latter operation.

2. In this procedure, none but milk removed from a healthy cow within a few minutes of the injection should be employed. Decom-

posed milk is poisonous, and should no more be used than decomposed blood.

3. A glass funnel, with a rubber tube attached to it, ending in a very small canula, is better, safer, and more attainable than a more elaborate apparatus, which is apt, in spite of all precautions, to admit air to the circulation.

4. The intra-venous injection of milk is infinitely easier than the transfusion of blood. Any one at all familiar with surgical operations may practice it without fear of great difficulty or of failure.

5. The injection of milk, like that of blood, is commonly followed by a chill, and rapid and marked rise of temperature; then all subsides, and great improvement shows itself in the patient's condition.

6. I would not limit lacteal injections to cases prostrated by hæmorrhage, but would employ it in disorders which greatly depreciate the blood, as Asiatic cholera, pernicious anæmia, typhoid fever, etc., and as a substitute for diseased blood in certain affections which immediately call for the free use of the lancet, as puerperal convulsions, etc.

7. Not more than eight ounces of milk should be injected at one operation.

8. In conclusion, I would suggest that, if milk answers, not as good, but nearly as good, a purpose as blood under these circumstances, its use will create a new era in this most interesting department of medicine. That it will answer such a purpose, I am convinced from lengthy consideration and some experience in the matter; and I would be false to my own convictions if I did not predict for "Intra-venous Lacteal Injection" a brilliant and useful future.—*New York Medical Journal.*

———:o:———

INJURIES OF THE HEAD.—Every practical surgeon knows the difficulty sometimes attending the diagnosis of injuries about the head, especially when the patient has been drinking before the receipt of the injury. An unfortunate answer to the question, "Is he drunk or dying?" has frequently brought upon our police surgeons no measured censure. In this connection it is interesting to note the opinion of so eminent a surgeon as Mr. Erichsen, who says there is not one absolute method of diagnosis, except by waiting to see the result. "It is impossible," he says, "for any physician or surgeon to discover off-hand and say what the exact cause of the symptoms of coma or compression of the brain may be. This diagnostic point cannot be established by any practitioner, however skilled, or however experienced, unless you give him time." In order to relieve the surgeon of responsibility, Mr. Erichsen suggests the establishment of wards for the reception of such cases, that they may neither disturb the other patients, nor die of neglect.—*The Lancet*, 1878.

POST-PARTUM HÆMORRHAGE TREATED BY INJECTION OF HOT WATER.—Dr. Atthill gives in the *London Lancet*, May 1878, the details of sixteen cases of Post-Partum Hæmorrhages treated by injection of hot water into the cavity of the uterus, and adds,—1st, that we do not, as a rule, employ hot water in cases of post-partum hæmorrhage till the application of cold has failed to arrest it; 2nd, that it is most markedly beneficial in the case of weakly, delicate women, and in those in whom, profuse hæmorrhage having been checked, blood continues to be lost in small quantities, the the uterus alternately relaxing and contracting; 3rd, that, for its successful application, the tube of the syringe must be carried fairly into the uterus; 4th, that the temperature of the water must not be under 110°.

In no single instance did any unpleasant symptom follow; and all the patients, with the exception of one case, stated that they experienced feelings of the greatest comfort and relief from the treatment. In the case referred to, in which pain followed the injection of the hot water, we were uncertain whether the ovum had been expelled or not. I had but once previously injected hot water in a case of abortion, but this woman was in a very critical state; she was cold and faint, and I stated to the class that if the ovum had not come away the hot water might stimulate the uterus to expel it, and that if the uterus were empty I believed it would arrest the draining which still continued. This case is, in my opinion, a very important one, and will lead me for the future to treat hæmorrhage occurring in cases of abortion in a similar manner.

———:o:———

FOREIGN BODIES IN THE EAR.—There are a few broad rules which ought to be remembered by any one attempting to extract a foreign body from the ear. They are as follows: 1. See the body; make sure that there is a foreign body present. This, as a rule, is easily done where there has been no previous inflammation. 2. Remember that a body which will not swell and has no cutting edge will generally remain without causing any urgent symptoms. 3. Warm water injection is the best of all methods of removing foreign bodies. 4. If it be a vegetable substance, do not inject fluid unless you have time to extract the body either at the one operation or shortly afterwards. 5. Injection failing, which is very exceptional, a surgeon with the necessary appliances ought to be at once consulted, as, should urgent symptoms arise from the irritation in the attempted extraction by incisions, galvano-cautery, boring out the centre of the substance and so causing it to collapse, or even detachment of the posterior attachment of the auricle may be necessary. 6. To attempt to extract a substance without seeing it is highly dangerous.—(*British Med. Journal.*)—*Toledo Medical Journal.*

THE EXCISION OF HARD CHANCRES.—*The Doctor:* Considerable success seems to have followed this practice, which has now been for some time followed by Professor Auspitz, of Vienna. From the Vierteljahrscrift für Derm. and Sypth., 1877, we learn that he has excised hard chancre in thirty-three cases, as first recommended by Hueter in 1867. The results are: (1) In a large number of cases no further syphilitic symptoms appeared, although at the time of the operation there was almost invariable indolent enlargement of the inguinal glands. This fact Auspitz regards as a proof that the initial stlerosis is not a pathological result of a pre-existing general systematic infection, but a starting-point or original depot for the infective material by which syphilis is transmitted. (2) In those cases where no secondary induration appeared after excision in the seat of the former chancre, there were, as a rule, no further symptoms of syphilis. (3) In some cases excision was followed by a secondary induration and a general outbreak of cutaneous and other syphilitic phenomena; but here the probability is that either the whole of the original chancre was not removed, or that the disease had spread too far along the neighboring blood-vessels before excision was performed. (4) In four cases the hard chancre was preceded by a soft sore, and in none of these did general symptoms follow excision. (5) The operation can be recommended as a preservative measure against general infection where the induration has been of short duration, where no lymphatic glands are indurated but the inguinal glands, and no other syphilitic symptoms are to be detected, and where the chancre is favorably situated, aud can be properly dressed and attended to after the operation. (6) Further evidence is required to show whether excision exercises any influence on the duration or severity of the general syphilitic symptoms in those cases in which it fails to prevent their outbreak, but there are grounds for believing that it possibly may.—*Louisville Medical News.*

———:o:———

THE TEMPTATIONS OF PHYSICIANS.—In the admirable valedictory address of Dr. William Goodell, before the graduating class of the medical department of the University of Pennsylvania, occurs the following passage, which cannot be too deeply pondered by every one of our profession:

"Do not, oh friends. oh brothers, do not, I beseech you, be cajoled, either by the ties of friendship, by the tickle of flattery, or by the glitter of gold, into doing anything that involves the loss of self-respect, and of professional dignity; into doing anything that is not right. Have "a keen and precious hatred" of everything bad, for strong, very strong temptations will be thrown in your way, hard, very hard to resist. The honor of a family is at stake, and you will be besought to save it. A man of doubtful sanity

lies a dying, and you will be asked to yield to a friendly bias in giving evidence in favor of his mental vigor and testamentary capacity. A crime has been committed, and the tears and appeals of the criminal's kin will be brought to bear on you, to give such evidence as shall tend to make him irresponsible. A patient with some organic disease, or of intemperate habits, will wish to effect an insurance on his life, and you, fearful of giving umbrage, will be sorely tempted to testify to his soundness or sobriety. You will be called upon to explain the absence of some pleasure-seeking official, by giving a certificate of illness. When summoned to courts of law as medical experts or as medical witnesses, you will find it hard to resist an unbecoming bias toward your client. Before the paint on your signs is fairly dry you will be approached by those who spurn the tender name of mother. Turn, therefore, a deaf ear to all such appeals, and swerve not a hair's breadth from strict uprightness. He who barters honor and honesty for gold gains nothing but the contempt of those who use him as their tool. Remember, besides, that you will one day answer for it, unless you keep your hands and your hearts clean, before God and man."—*Medical and Surg. Reporter.*

———:o:———

On the Treatment of Acne.—The following plan of treatment succeeds in a large number ofcases:—1] The face should be steamed every night by holding it over a basin of hot water for a few minutes. 2] The skin should then be well rubbed for five or ten minutes with soap and flannel, or a soft nail-brush may be used with advantage when the skin willbear it; the soap should then be sponged off with warm water. 3] When the face has been dried, a lotion, composed of half an ounce of precipitated sulphur, two drachms of glycerine, one ounce of spirits of wine, three ounces each of lime-water and rose-water, should be thoroughly applied and allowed to dry, and remain on all night. If the skin is greasy the addition of some ether to the lotion is an advantage. Sometimes an ointment is more effective than a lotion; in that case one drachm and a half of hypochloride of sulphur, ten grains of carbonate of potash, ten drops of oil of bitter almonds, and an ounce of lard may be used; or three drachms of sulphur ointment and five drachms of vaseline will be found to be a very useful unguent. Whatever is used should be allowed to remain on all night, and washed off in the morning with warm oatmeal and water or weak gruel. If the skin becomes very tender under this treatment, it may be discontinued for one or two nights and then resumed. The most common cause of failure is want of perseverance or timidity on the part of the patient or doctor, for a temporary increase in the redness and irritability of the skin often prevents the continuance of the most efficacious remedies.

In nearly all cases the local treatment of acne must for a long time be more or less continuous, inasmuch as when left to itself the disease is apt to return, but instead of using the remedies every night, it will be sufficient if they are applied once or twice a week. —*The Lancet, April* 1878.

———:o:———

Poisoning by Chlorate of Potash.—A child of Dr. Kauffman, Schuylkill county, Pennsylvania playing doctor with her little brother and sister, found a box of chlorate of potash, of which, after administering various and unknown quantities to her patients, took about half an ounce herself. The child, who was about two and a half years old, commenced vomiting in about an hour, and died in seven hours after taking the medicine. Beside the emetic, also hydro-drastic effects were observed, the child dying of gastritis or inflammation of the stomach and bowels. This case teaches us to be very careful in using and keeping chlorate of potash. Under no circumstances whatever should it be administered in a crystalline form, as it seems to be in this form a violent irritant to the mucous membrane. The child was given as much water and cream as she could drink, and to the last she vomited crystals of chlorate of potash.—*American Journ. of Pharm.*

———:o:———

A New Glycosuric Reagent.—Every one knows the uncertainty of Trommer's test and the bother of Fehling's solution. The following will be found a convenient substitute:

Take of

Sulphate of copper (ch. pure) . . .	1 part
Crystalized tartrate of soda and potassa . .	5 parts.
Sodic dydrate (ch. pure)	2 "

Mix thoroughly in a mortar; the more labor spent on this, the better the product. The result will be a pasty mass, which can be transferred to a wide-mouthed bottle, and kept till wanted. To use it, take of the mass a piece about the size of a co. cath. pill, put it in a test tube, and add about two fluid drachms of water; boil till the mass is dissolved, and the solution has a uniform pale and rather dirty blue color; then add two or three drops of the suspected urine and boil again for a moment. If sugar be present, the usual reaction will be manifest. Mr. F. A. Reichardt has succeeded in making the mass into pills of proper size, one pill being sufficient for a test. A vial of these will be handy in the office, and less troublesome to manage than the usual tests. Trommer's test, unless performed with more than usual care, I do not consider reliable; Fehling's solution is reliable, but troublesome. The appreciation of these facts led me to the formula here given, which some one will probably still further improve.—*Dr. Piffard in the Medical Record.*

THE INDICATIONS FOR DRAINAGE OF THE KNEE-JOINT.—Dr. J. Scriber, assistant in the Surgical Clinic at Friedburg, recommends drainage of the knee-joint instead of excision, in the following cases: 1. In acute serous inflammation, in the rare event of there being abnormal pain of sufficient severity to affect the patient's general health. 2. In acute prevalent inflammation of the joint, as soon as there is distinct fluctuation; in the rare case of osteomyelitis involving one or both epiphyses; in the prevalent inflammation which may complicate pyæmia, pneumonia, acute infectious diseases and phlegmonous erysipelas of the lower extremities. 3. In chronic serous inflammation of the joint. 4. In fungous granulation (*a*) where the fluid secretion in the joint exceeds the fungous granulation in amount, and where the cartilage is still intact; (*b*) where there is excess of fungous granulation, but where caries is still absent. The presence of caries is a contra-indication for drainage and an indication for excision. The earlier chronic fungous inflammation of a joint comes under treatment, the better hope there is of giving the patient a useful, movable knee-joint by means of drainage.—*Hospital Gazette and Archives of Surgery.*

———:o:———

LIMITATIONS OF THE SENSES.—The senses, which have hitherto been regarded as infallible, are even more narrowly defined than the memory or the higher qualities of intellect. So narrow is the range of vision—and the sight is certainly the best of the five senses—that the retina can appreciate a few only of the rays that come from the sun. The vibrations of ether beyond the red at one end of the spectrum, and the violet at the other are of no value in vision, ethereal undulations higher than seven hundred and ninety trillions a second, or lower than four hundred trillions a second, being powerless to affect it. The senses, indeed, are not formed to enable man to solve the problem of Nature, but as with the lower animals, merely to make existence possible, and in a limited and incidental way, agreeable. And yet it is through these feeble senses that all human knowlege enters the brain, since all deductive reasoning must be based on previous inductive observations.—DR. GEORGE M. BEARD, *in Popular Science Monthly for June.*

———:o:———

FRECKLES.—Take of finely powdered sulphophenate of zinc, one part; oil of lemon, one part; pure alcohol, five parts; collodion, forty-five parts; mix well together by trituration. This has been found efficacious as a local application against freckles and other slight skin diseases.—*Pharm. Zeit. fur Russ.*

EDITORIAL.

American Medical Association.

It now seems certain that the approaching meeting of the American Medical Association will be of more than usual interest; that the "Sections" will be better organized, and prove more instructive and valuable on that account. As Buffalo belongs to no section or party, and is but the centre of medical civilization this year, in the same sense that Boston is the "hub of the universe," it is to be hoped and expected that fewer disturbing influences will appear than has usually been observed. We as yet know of nothing to mar or disturb the true objects of the Medical Association, and in the brief space left us for editorial comment would most earnestly urge upon our readers the duty and importance of attendance upon the session—duty to the profession, and value to themselves. Hoping to see and make personal acquaintance with many formerly known only by reputation, we hereby extend a most cordial invitation to attend the approaching meeting of the American Medical Association, believing ample return for the expenditure will be received.

We give below a Directory of the Places of Meeting of the various Sections:

General Session, St. James Hall, corner of Eagle and Washington streets.

Section I.—Practical Medicine, Materia Medica and Physiology, No. 354 Washington street, 2d story.

Section II.—Obstetrics and Diseases of Women and Children, No. 354 Washington street, 3d story.

Section III.—Surgery and Anatomy, St. James Hall.

Section IV.—Medical Jurisprudence, Chemistry and Psychology, Firemen's Association Rooms, Y. M. A. Building, entrance through St. James Hall and on Main street.

Section V.—State Medicine and Public Hygiene, Baptist Church Chapel, Washington street, near Swan.

Judicial Council Room.—Y. M. A. Building, entrance from St. James Hall.

Registration Room.—No. 354 Washington street, 2d story.

Registration open from 2 to 6 P. M. on Monday, June 3d; from 8 to 11 A. M. on Tuesday; and from 8¼ to 10 A. M. on each day thereafter.

Programme of the First General Session, Tuesday, June 4th.—11 A. M., Introduction of the President, T. G. RICHARDSON, M. D., of New Orleans., La. Prayer, by the Rev. L. Van Bokkelen, D. D. Address of Welcome, by Thos. F. Rochester, M. D. Report of the Committee of Arrangements on the cre-

dentials of members. Reception of members by invitation, and reading of notes from absentees. Election of permanent members on the recommendation of the Committee of Arrangements. 12 M.—Hearing of the Annual Address of the President, Dr. T. G. Richardson. Call for reports of special committees and volunteer papers, and their reference to the appropriate Sections. Report on the action of the American delegation before the International Medical Congress of Geneva, on the question of International Medicine and Pharmaceutic Uniformity, by E. C. Seguin, M. D., of New York. 1 P. M.—Adjournment. At 8 P. M. each day, the Sections meet in the respective Halls assigned to their use. The whole programme is too long for publication, but can be had upon application.

FARES. From Philadelphia to Buffalo and return, one fare and a-half. From Baltimore to Philadelphia and return, $4. The Canada Southern and Wabash Railroad will give excursion tickets to delegates to the American Medical Association, and their families, for half the usual fare. They can procure tickets for the round trip by presenting their certificates of appointment, for *one* full fare.

This arrangement reduces the fare one-half from St. Louis, Toledo, and Detroit to Buffalo, through connecting lines reaching the whole Southwest.

WM. B. ATKINSON, *Permanent Secretary.*

———:o:———

Medical Notes and Comments.

The Medical Graduates of 1878 number 1,723, Jefferson Medical College heading the list with 203, while the Women's Hospital Medical College at Chicago, brings up the rear with only 7. Over thirty regular medical colleges now exist within the United States, and nine of these, each graduated over one hundred young men fully equipped to practice the noble art of healing. Thus the ranks of the profession are to be kept at the full normal standard.——A Circular dated April 27th, from Surgeon General JOHN M. WOODWORTH, directs the Medical Officers of the U. S. Marine Hospital Service to make use of the metric system of weight and measures for all Medical and Pharmacal purposes. Rules are given for the ready conversion of weights and measures now in use into the metric system. It would be an advance in the right direction if this system could be brought into general favor.——AMPUTATION OF THE CERVIX UTERI, by W. H. WATHEN, M. D. Reprint from the May No. *Richmond and Louisville Medical Journal.* This paper gives a history of the operation and the conditions in which the operation is indicated, with the results and dangers attending it. A scissors invented by the author, is described and figured. It is called "the cervix scissors," and is claimed to combine the advantages of all the other instru-

ments in use. He also figures a new double tenaculum forcep to hold the cervix while using the scissors. He concludes with a report of the first operation with his cervix scissors.——The PHYSIOLOGY AND PSYCHOLOGY OF RELIGIOUS REVIVALS, by Z. Collins McElroy, M. D. Reprint from Cincinnati *Lancet and Observer*. The author defines 'psychology, as referring to mind phenomena, the function of the structural arrangement of a part of the brain matter of a human being,' and upon this thought he endeavors to build a system which, if carried to completion, would account for all our intellectual processes. He has given in brief what has been wrought out in full many times before, but as the subject matter has little or no bearing upon medicine, we will say no more about the pamphlet.——Dr. E. H. COOVER suggests *silicate of Soda* as a substitute for plaster of Paris in the Treatment of Spinal Diseases and Curvatures, Reprint from *Medical and Surgical Reporter* of April 13, 1878. It is lighter, acts nearly as quickly, does not crumble, and may be readily reapplied.——BALMANNO SQUIRE has invented a new *Linear Multiple Scarifier* for the treatment of various lesions of the skin.——COST OF KEEPING THE PAUPERS OF THE EIGHTH JUDICIAL DISTRICT.—Average weekly cost for each pauper in the District as a whole, $1.45,—in Allegany Co., $1.27,—Cattaraugus Co. $1.14, Chautauqua Co. $0.90,—Erie Co. $1.70,—Genesee Co. $1.05,—Niagara Co. $1.58,—Orleans Co. $1.67,—Wyoming Co. $1.15. Chautauqua county supported two hundred and ten paupers in the County Poor House for a little over $10,000, while Erie county required $60,000 for the support of seven hundred. The average of the District by counties would be about $1.31 as given in our last, but this is not the true average cost which is as above $1.45. —— Objections to the Use of Carbolic Acid in the Treatment of Piles, by J. M. MATTHEWS, M. D., Reprint from the *American Medical Bi-Weekly* April 28, 1878. The writer gives as his conclusions: "1st. Use the acid only in the smallest tumors. 2d. Should it be used in a large tumor inject once only in one portion, and wait several days, and then inject another portion. 3d. Use the smallest amount possible in injecting, say one to three drops of the mixture of sweet oil and carbolic acid equal parts, or a stronger solution."——— We most heartily agree with the following advice to authors, which we find in the *Richmond and Louisville Medical Journal*. "Pamphlets in large numbers are constantly received by the Editors of the Medical Press, and these gentlemen would be glad to notice them, but as a rule this is difficult and involving much labor, for the simple reason that the authors have failed to adopt a device not only simple and easy of execution, but one which would be welcome to every reader, viz., *the closing of the article by giving a summary of the views or arguments advanced.*" Most pamphlets would receive more notice if this sensible advice should be adopted.——A NEW OBSTETRICAL JOURNAL will issue from Cincinnati in July next by E. B. STEVENS, many years editor of the Cincinnati *Lancet and Observer*. We wish him success in

his new enterprise.——We abstract the following from the proceedings of the State Society, and sincerely hope that the Hot Springs physicians will take warning and be more discreet and ethical in the future. Their actions, which have been promptly and justly rebuked, were an insult to the profession.

"*Resolved*, That no member of the Hot Springs and Garland County Medical Society be allowed to register, or delegate therefrom be admitted at this meeting of the Society."

Resolved, That Drs. P. H. Ellsworth, O. A. Hobson, G. W. Lawrence, S. W. Franklin and E. A. Shippey, *be expelled* from all the rights, privileges and immunities of the State Medical Society of Arkansas." C. A. W.

———:o:———

Our attention is called to an error in the announcement of the title of Dr. FRANK H. HAMILTON's paper, to be read before the A. M. A., in the April number of this *Journal;* it should read, "On Exsection of the Metatarso-Phalangal Articulation in Valgus of the Great Toe."

———:o:———

BUSINESS NOTICES.—*Address*—Always give name of County as well as that of Post-office. Removals should be promptly reported, that the address may be changed and loss to the subscriber prevented. *Remittances* should be made by Post-office order, by check or registered letter. Where a check is sent, it should be on a National Bank in New York City, otherwise the collection of it costs 25 cents, which will hereafter be charged against the subscriber. If private checks are sent, 25 cents additional (for collection) should be always added; the aggregate loss to the JOURNAL otherwise is very great. *Receipts* for all money received are sent immediately. No discontinuances will be made unless arrearages are paid; this is a postal law sustained in all courts to prevent serious loss to publishers. Refusal to remove a JOURNAL from the Post-office does not exempt the subscriber from liability for its cost, so long as arrearages are unpaid. When arrearages are paid and a subscriber wishes to have his JOURNAL discontinued, he should so notify the publisher by card or letter. Sending a JOURNAL back to the office of publication gives no information as to the name of the sender, unless his hame be written on the package, and this subjects him to a heavy fine. *Duns* are painful to receive, but far more painful to send. They are easily and simply avoided. To complain of them is unreasonable and unjust. Removing from any neighborhood and failing to notify a publisher to stop sending a periodical to that address is regarded by postal laws *prima facie* evidence of fraud, unless the accumulated arrearages be paid on demand. Without the protection of such a law, publishers are exposed to very heavy loss.

———:o:———

THE POPULAR SCIENCE MONTHLY FOR JUNE.—The first article in *The Popular Science Monthly* for June is by Dr. F. L. Oswald, and is a vivid eulogy of the physical culture of the Greeks, under the title of "The Age of Gymnas-

tics." Herbert Spencer continues his interesting papers on the "Evolution of Ceremonial Government, by treating the history, derivation, and significance, of "Obeisances." There is much curious information in the paper, and many interesting views, together with explanations in connection with this social custom. Dr. George M. Beard continues his important discussion of "The Scientific Study of Human Testimony," devoting himself now to the statement of the limitations of the senses, the limitations of the human brain in disease, the involuntary life and the necessity of a reconstruction of the principles of evidence. Under the title, "Scientific Courses of Study," Prof. F. W. Clarke contributes an able paper to the practical side of the subject of scientific education. "The Cardiff Giant and other Frauds" are discussed in a very entertaining way by Dr. A. G. Stockwell. "The Order of Nature," by C. S. Peirce, is the fifth in his series of "Illustrations of the Logic of Science." It is a bold and original statement, and will profoundly interest all thinkers who care about the more recent problems of the phenomena of Nature. The most important article in the number is that on "Brain-Forcing," by T. Clifford Allbutt, M. D. This paper is worth a year's subscription to the *Monthly* for every parent or teacher who has responsible charge of the young. Altogether the June number is very strong on the educational side. "The illustrated articles are "Water-Waves and Sound, Waves," by Lockyer; "The Gigantic Extinct Armadillos," and "The Pigmy Monkey." There are also a portrait and sketch of the late Professor Hartt.

———:o:———

The Canada Medical Record bears record to the value of "Lactopeptine," in the following extract: "This is a remedy which we have prescribed during the last four months with a good deal of satisfaction to ourselves and benefit to our patients. It certainly is a very valuable preparation for various forms of indigestion, and is composed of pepsin, pancreatine, diastare, ptyalin, lactic and hydro-chloric acids, and we invite our readers to give it a trial."

———:o:———

Books Reviewed.

Practical Gynecology—A Hand-Book of the Diseases of Women. By Heywood Smith, M. A., M. D. Oxon., member of the Royal College of Physicians, etc.; with illustrations. Philadelphia: Lindsay & Blackiston. 1878. Buffalo: T. H. Butler. pp. 205. Price, $2.00.

This is the second volume of the Student's Guide series. The author in his introductory statement says that "In the female, as in the vegetable king-

dom, the organs of reproduction constitute the whole essence of the creation." Having passed the introduction, we find a book written with studied brevity and with evidence of some knowledge of diseases of women. The first chapter on Means of Diagnosis, occupies twenty-one pages, while the next, on Syphilis, Cancer and Phthisis has four, though Cancer is again briefly discussed.

The consideration of local diseases is commenced with the ovaries, and follows the anatomy of the parts from above downwards, and from within outwards. Afterwards come diseases of the Mamma, Functional Diseases, Diseases connected with Pregnancy, with Parturition, and consequent on Parturition, as subjects of chapters, and in the order named. An appendix of remedies and index close the volume.

We should prefer to give for guides to American students books by American authors. An edition of English authors upon different subjects is very well to use for comparison, but we hope it will in no case supercede or be used in place of works of equal or superior merit by American physicians, than whom we believe there are none more discreet, conscientious or capable in the world.

The Advantages and Accidents of Artificial Anæsthesia. By LAWRENCE TURNBULL, M. D. Philadelphia: Lindsay & Blakiston, 1878. Pp. 200.

This is a manual of Anæsthetic agents and their modes of administration, considering their relative risk, tests of purity, treatment of Asphyxia, Spasm of the glottis, Syncope, and their medico-legal relations. It is well written, shows research, and the conclusions are safe to follow. In reference to the use of chloroform, the author concludes: "I would limit the use of this most potent of all the anæsthetics to very young children. To puerperal eclampsia in very violent convulsions, in male adults, or in females during delivery, where rapidity of dilatation of the os uteri is absolutely necessary to save the mother's life. In some rare cases of painful operation, where, after continued efforts, no complete insensibility can be produced by ether, I would feel justified in the use of a portion of chloroform on a clean sponge or inhaler." He thinks Ether, given with an inhaler is the safest and best anæsthetic and would use no other except in the cases enumerated above.

Landmarks Medical and Surgical. By LUTHER HOLDEN, F.R.C.S. Philadelphia: Henry C. Lea. 1878. Buffalo: T. H. Butler.

This little volume of only 128 pages will be found available to the student in acquiring a habit of making the eye and hand work together. Its main

objects are to so educate the "touch" upon the normal living body that any deviation may be promptly recognized, and to give the physician such practical directions that a reasonably correct diagnosis may be formed when he is called upon to examine an injury or detect a disease. It is a text-book for clinical use, and as such should be in the hands of every student.

Transactions of the Medical Society of the State of New York for the year 1877. Albany: Van Benthuysen. 1877.

This volume contains many valuable papers which will repay close study. Dr. Parker. in an article upon "Heredity as a Factor in Pauperism and Crime," disagrees with Mr. Dugdale's studies of the "Jukes." He gives as his conclusions: "That as a physiologist I find myself unable to see any heredity as a factor in pauperism, with the exception before stated of the feeble mind and feeble body, and these are rather indirect than direct factors. The environment is, I believe, in this, as in crime, the great factor, and the effort of the State must be to change this radically." Dr. Gouley has formulated his ideas upon the 'Treatment of Stone in the Bladder,' thus: "1st. There is no *best* method of operation or of treatment. 2d. All the operations are good where they are indicated, and bad where they are not. 3d. The operation should be selected for the case, and not the case for the operation." Dr. Burr reports two cases of wounds of the knee joint, without antiseptic treatment, with good results. A similar case was reported in this *Journal* (Vol. XVII. No. 4), in which the result was perfect. The two papers upon closure of cleft of the hard palate, one by Dr. Van Deventer, and the other by Dr. Goodwillie, are interesting and instructive. We have no space to notice the other articles which attracted our attention.

The Elements of Therapeutics. A Clinical Guide to the action of Medicines. By Dr. C. Binz, Professor of Pharmacology in the University of Bonn. Translated by Edward I. Sparks, M. A. M. B. Oxon. New York: Wm. Wood & Co., 1878. Buffalo: H. H. Otis.

The author divides the work into twelve chapters under the heads: Nervine Medicines, whose special purpose is to produce a sedative effect, Nervine medicines whose main action is stimulant, Ætherial Oils, Demulcent Medicines, Astringents, Bitter and Sweet Alkaline medicines, remedies promoting tissue growth, Diathetic and Antiseptic medicines, Antiseptics proper, Medicines which reduce fever, Evacuant remedies, Caustics and mechanical remedies. The remedies do not seem to arrange themselves as readily under this system as one could wish, and the enumeration of the various pharmaceutical prepara-

tions as found in Germany, England, and the United States, tends to confuse rather than instruct. The author hopes that the comparison between the British and American Pharmacopœias, which this works renders possible, may lead to a simplification of the enormous superfluity of preparations of the same drug, which exists in several instances in both. As a whole, many American works excell it for practical use.

The Vest-Pocket Anatomist, (founded upon "Gray.") By C. HENRI LEONARD, A. M., M. D. Detroit:- 1878. Price, paper, 50 cents.

It contains each bone, its name, points of interest, and muscles attached; each muscle, name, origin, insertion, nervous supply and action; each artery, name, course, structures supplied, and branches; each vein, name, course, where emptying, vessels received and number of valves; and each nerve, name, origin, course and distribution.

It is used in nearly all the Medical Colleges, and is of the greatest value to the student as a means of refreshing his knowledge. 50,000 copies have been ordered by a London firm for use in England.

We shall publish in our next an able article upon *Urea*, and the *Methods Employed* for its *Quantitative Determination*, by Prof TUCKER, of the Albany Medical College; and also a synopsis of the Proceedings of the next meeting of the American Medical Association.

Books and Pamphlets Received.

Vest Pocket Anatomist, by C. Henri Leonard, A. M., M. D.

Congenital Occlusion and Dilatation of Lymph Channels, by Samuel C. Bussey, M. D. New York: Wm. Wood & Co. 1878. Buffalo: H. H. Otis.

Thirty-fifth Annual Report of the Managers of the State Lunatic Asylum, Utica, N. Y., for the year 1877.

President's Address before the Medical Society of West Virginia, by E. A. Hildreth, M. D. Wheeling. 1877.

Annual Announcement of the Medical Department of the University of California, Session of 1878.

Observations in Practice, Surgery, Gynecology, and especially Obstetrics, by George B. Walker, M. D. Reprinted from the *Chicago Medical Journal and Examiner*, February and March, 1878.

Catalogue of Lafayette College, 1877-78.

Popular Science Monthly, May and June, 1878, and Supplement, April and May.

Dangers from Color-Blindness in Railroad Employés and Pilots, by B. Joy Jeffries, A. M., M. D. (Harv.), Boston. 1878.

BUFFALO

Medical and Surgical Journal.

VOL. XVII. JULY, 1878. No. 12.

Original Communications.

———:o:———

ART. I.—*Urea: and the Methods employed for its Quantitative Determination.**—By WILLIS G. TUCKER, M. D., Professor of Inorganic Chemistry in the Albany Medical College.

Urea is a stable chemical compound of definite composition and the most important product resulting from the destructive metamorphosis of the nitrogenous tissues of the body. It is the chief organic constituent in the urine of man. Its formula is $C H_4 N_2 O$, and it is isomeric with ammonic cyanate, by the spontaneous transformation of which it may be produced.

In most of the books it is stated that it was discovered by Rouelle in 1773, but Thudichum has shown that it was in reality first obtained by Boerhaave more than half a century before that time. Boerhaave evaporated a large quantity of urine; put it aside in a closed vessel and noticed that after a time a mass of colored crystals formed in the liquid. These he removed; dissolved in water, and, after filtration and evaporation obtained a "white purified salt," which, to quote from the translation of his *Method of Chemistry*, was "of a nature different from all other salts, ... so that it may justly be called *the essential salt of*

*Read before the Medical Society of the County of Albany, April 3d, 1878.

the urine, or of the human body." There can be no doubt, therefore, that the honor of the discovery belongs to the Dutch physician and not to the French chemist. Rouelle, however, got the credit. After the publication of his results it was obtained in a state of greater purity by Fourcroy and Vauquelin, and later Berzelius prepared it in colorless crystals, as did also Prout, who established its composition. Wohler obtained it artificially from ammonic cyanate in 1828, and for this artificial preparation Liebig subsequently gave a formula.

Pure urea may be obtained from the urine by evaporation and extraction with alcohol, or by precipitation with nitric acid and the subsequent decomposition of the nitrate formed. Artificially it may be prepared by the decomposition of potassic cyanate by ammonic sulphate, the ammonic cyanate which is formed being converted into urea on evaporation.

In a pure state urea may be kept indefinitely without undergoing change, but if brought into contact with certain animal substances it undergoes decomposition and is converted into ammonic carbonate according to the following reaction:

$$C\,H_4\,N_2\,O + 2\,(H_2\,O) = (N\,H_4)_2\,C\,O_3.$$

This decomposition occurs spontaneously in stale urine, and may also take place within the bladder.

For many years after its discovery urea was believed to be formed in the kidneys, because they were regarded as true glandular organs and its presence could not be shown in the blood. With the introduction of better methods of analysis, however, its constant presence in the blood was shown, being about .16 of one per cent. There is about twice the quantity in the blood of the renal artery that there is in that of the renal vein. Urea is found also in considerable quantity in the lymph and chyle, and in small quantity in the sweat, vitreous humor, the substance of the liver and the muscular juice.

As to the origin of urea it seems most consistent with observed facts to suppose that it is formed, not alone by the disassimilation of the nitrogenized tissues, but also by the decomposition of the surplusage of similar substances taken as foods. As to the source

first mentioned, while it is undoubtedly impossible to show the presence of anything but minute quantities of urea in the tissues there is little difficulty in believing that it is washed out from them by the lymph and blood as fast as formed, and it has been experimentally shown that after the removal of the kidneys from dogs and rabbits an accumulation of urea takes place in the liver, muscles and brain. As regards the second source it is held by some authorities that there is nothing to show that the nitrogenized principles of food may ever be transformed directly into urea, but if this is not the case it is surprising that the influence of a purely animal diet shall be to increase the amount of urea eliminated, since a mixed diet is the more nourishing of the two. That some urea may also be formed in the blood by the decomposition of uric acid is possible, and Neubauer has shown that its administration to rabbits causes a direct increase in the amount of urea excreted.

The total amount of urea eliminated daily by a healthy adult ranges from 450 to 600 grains, and is liable to considerable variation. It constitutes from two to three per cent. of the urinary secretion, but the the quantity will depend upon the nature and amount of food consumed, or if little or no sustenance be taken upon the amount of nitrogenized matter disintegrated in its place. It is generally admitted to be increased by active exercise and, according to Hammond, by unusual mental exertion.

In conditions of disease the amount of urea eliminated may be largely increased or diminished. Transient increase or decrease may be due to temporary apathy of the kidneys or to accidental polyuria, but the continued excretion of an amount larger or smaller than the average becomes a sign of disease. An increase in the excretion of urea accompanies all febrile diseases, with perhaps a single exception, yellow fever. The quantity may rise to from 75 to0 1200 grains per day, or to double the normal quantity. As febrile symptoms abate the amount sinks, falling sometimes below the normal quantity, but during convalescence it rises to the natural amount. In epilepsy the excretion of urea is generally large, and in diabetes it may reach a thousand grains or more per day. In twenty-nine cases reported by Harley it averaged 728

grains. In diabetes insipidus it is also increased, and sometimes enormously. Harley gives the case of a man, aged fifty-six, in which it reached 1300 grains.

A diminished excretion of urea may depend upon decreased formation or upon retention. In paralytic idiocy its elimination is below the normal quantity, and in cholera it is both relatively and absolutely very small. In chronic affections generally, accompanied by defective nutrition, the amount is diminished. On the other hand, the production of urea may be normal and the amount excreted small, through defective action of the kidneys. In such cases unless proper elimination can be restored a fatal result must follow.

The analysis of urine for urea may be either qualitative or quantitative. As urea may be considered practically an invariable constituent of the urine, a quantitative analysis, if any, is generally required. This may be either roughly or accurately made. If a great excess of urea be present the addition of nitric acid to a little of the urine placed in a watch-glass will cause the formation of an abundant crop of crystals of the nitrate in flat rhombicor hexagonal plates, and by comparing the appearances as presented with different samples of urine, some idea of the relative amount of urea present may be formed.

For the accurate quantitative determination of urea numerous processes have been devised. Bunsen's method depends upon the resolution of urea into carbonic acid gas and ammonia, when it is heated in a sealed tube with a solution of barium chloride containing ammonia. The weight of the carbonic acid is calculated from that of the barium carbonate produced, and from this the amount of urea is determined. Bunsen's process gives very accurate results, but it is too difficult for ordinary use. Ragsky and Heintz convert the urea into ammonic sulphate by the use of strong sulphuric acid, and weigh the ammonia as a chloro platinate. This method is also accurate, but difficult. Millon and Neubauer decompose the urea with mercurie nitrite. The former determines the weight of the carbonic acid gas by absorption with potash, and the latter calculates the loss of weight resulting from the escape of the carbonic acid and nitrogen together. These methods

are not easy, and they are less exact than the two first mentioned. All of them require somewhat complicated apparatus, considerable manipulative skill on the part of the operator, and troublesome calculations to determine the result. The really practicable methods, adapted to the use of the physician, are Liebig's, Davy's, and that which will be last described, devised by Dr. Fowler, of New York. Liebig's method, properly performed, is the most exact in common use. It is a volumetric process, and is based upon the fact that urea is precipitated by mercuric nitrate as a white precipitate containing nitrate of urea and mercuric oxide. This process is described in all the larger works on urinary analysis. While Liebig's method is highly accurate and trustworthy it is open to certain objections, as for instance, that it requires apparatus not ordinarily possessed by the physician, no small degree of manipulative skill, and a solution of murcuric nitrate very carefully prepared and of exact strength. Moreover, certain precautions must be observed and certain modifications made, under peculiar circumstances, as when the amount of urea is very small, or very large, or when the urine contains carbonate of ammonia, albumen or certain other matters. While this process properly performed is perhaps the best ever devised, its employment is attended with no small amount of difficulty.

In 1854 Dr. E. W. Davy published in the *Dublin Hospital Gazette*, and about the same time in the *Philosophical Magazine*, his process for estimating urea, which, very largely from its simplicity, soon became exceedingly popular. It depends upon the fact that urea acted upon by the hypo-chlorites of soda or potash, is decomposed, being resolved into sodic chloride, water, carbonic acid gas and nitrogen, according to the following reaction :

$$C\,H_4\,N_2\,O + 3\,Na\,Cl\,O = 3\,Na\,Cl + 2\,H_2\,O + C\,O_2 + N_2.$$

Dr. Davy found that the carbonic acid gas liberated does not escape in the gaseous form but remains combined with the excess of alkali in the reagent, and that the only gas which is set free is nitrogen. He determined that each cubic inch of gas liberated corresponds to .645 of a grain of urea. The directions for making the determination were given in *Thudichum's*

Treatise on the Pathology of the Urine, first edition, but have been omitted in the second edition of the work just issued, in which the process is slightingly referred to as "not adapted to accurate or even approximately accurate estimations." Notwithstanding this assertion it has been found largely serviceable both by professed analysts and physicians, and is still much employed. Full directions for applying the process will be found in Flint's and Pifford's manuals and elsewhere.

At a recent meeting of this Society an exceedingly convenient method for measuring the nitrogen evolved was shown by Professor Perkins, of Union University, who devised it, by which the use of mercury and the salt solution are obviated and much inconvenience avoided.

It has not been my purpose to describe the preceding methods in detail, but only to allude to them in passing, and before giving an account of a process in one sense built upon Dr. Davy's method and yet differing materially from it. In June, 1877, Dr. George B. Fowler, of New York, published in the *New York Medical Journal* an account of a "New and simple method for the quantitative estimation of urea," being the prize essay of the Alumni Association of the College of Physicians and Surgeons. The idea occurred to the author that, just as the quantity of sugar in diabetic urine may be determined by the difference in specific gravity before and after fermentation, so the same difference before and after the decomposition of urea by the hypochlorites should bear a definite relation to the quantity present in the urine. Urea consists of $\frac{7}{15}$ths of its weight of nitrogen, and therefore almost one-half will disappear. As no carbonic acid gas escapes nothing is gained from this source. It is unnecessary to describe Dr. Fowler's experiments in detail, and it need only be said that his results were found to correspond almost precisely with those obtained by Liebig's method, either when solutions of urea of known strength were employed in testing, or when similar samples of urine were operated upon. It was found that every degree of density lost corresponded to 7.791 milligrammes per cubic centimetre (about 3½ grains per fluid ounce), or to .77 per cent. Thus, if the loss in

specific gravity be three degrees the urine contains 2.3 per cent. of urea, or about 10½ grains to the fluid ounce.

Experiment showed that the best hypochlorite to employ was Squibb's "Solution of chlorinated soda," or Labarraque's solution. It is superior in constancy of composition and specific gravity to any other, and is especially recommended. Seven parts by volume of this solution are capable of decomposing all the urea unless the urine contains a very great excess, in which case it should be diluted with an equal bulk of water, and the result multiplied by two.

To use this method first take the specific gravity of the urine to be examined and afterwards that of the hypochlorite. Then add to one volume of the urine seven volumes of the hypochlorite solution, when effervesence, indicating the escape of nitrogen, will ensue. Shake the jar containing the mixture occasionally, and allow it to stand for at least an hour; two hours is better. At the expiration of that time, when the liquid has become quiescent, take its specific gravity. To obtain the result we must subtract the specific gravity of the decomposed liquid from its specific gravity before decomposition; but as it is impossible to use the hydrometer upon mixing the fluids, on account of immediate effervescence, we must calculate the specific gravity of the mixed liquids. This is done by multiplying the specific gravity of the hypochlorite by seven, since we have used seven volumes, and adding to the product the specific gravity of the urine, and dividing the sum by eight. From the quotient thus obtained the specific gravity of the liquid after decomposition is to be subtracted. The difference is the number of degrees lost, and each degree corresponds to .77 per cent. of urea.

This seems complicated, but the operation is in reality exceedingly simple. For example, if the specific gravity of the urine was 1021 and of the hyperchlorite 1045, we must add 1021 to seven times 1045 and divide the sum by eight. We obtain 1042, being the specific gravity of the mixed liquids before decomposition, and from this we subtract the specific gravity of the quiescent decomposed liquid. Suppose that is found to be 1039, then the difference is 3, which multiplied by .77 gives 2.3 as the percentage of urea in the urine tested.

The only apparatus necessary for this process is a suitable hydrometer or urinometer, a jar and a graduated vessel of convenient form for measuring the fluid. The only chemical necessary is the solution of the hypochlorite of soda, always obtained without difficulty. For taking the specific gravities the ordinary urinometer marked up to 1060 may be made to answer, but if accuracy is required one with a longer stem and larger degrees, more easily read, is essential. Mr. John Tagliabue, of 69 Fulton street, New York, constructs a pair of hydrometers especially for this purpose. One reads from 1000 to 1030 and is used for the urine, and the other from 1030 to 1060, being used for the hypochlorite, or for the urine should the specific gravity be over 1030. Squibb's solution has an average density of 1048. The degrees on these instruments are about one-twelfth of an inch apart, and therefore the specific gravities can be very accurately taken. They cost three dollars a pair. The only objection to their use lies in the fact that a considerable quantity of liquid is required (from six to eight ounces) in which to float them, and for this reason a pair of instruments is better than a single one with a long stem. There need seldom, however, be any difficulty in obtaining the requisite quantity of urine upon which to operate, and as it is essential that the specific gravities be accurately taken a small instrument ought not to be employed.

Since changes of temperature affect the volume, and therefore the specific gravity of liquids, it is essential that the fluids shall have the same temperature when their specific gravities are taken. This is best accomplished and the use of the thermometer avoided by mixing the hypochlorite and urine in proper volume, and setting the jar aside, together with a bottle of the urine and of the hypochlorite, in the same place. When decomposition is complete the specific gravities of the three liquids can be taken, their temperatures being of course the same, and the calculation easily made. Neither sugar nor albumen interfere with this test.

This process is undoubtedly highly accurate, and it is certainly so simple as to commend itself to the favor of the busy practitioner.

ART. II.—*A Case of Epiphysial Fracture of Humerus, with Dislocation.* Reported by FREDERICK PETERSON. Sisters of Charity Hospital—Surgical service of Dr. J. CRONYN.

J. M., æt. 19, a sailor; April 27, 1878, came into the Hospital, having a swelling of two inches in diameter under the inner fibres of the Deltoid, on the antero-interior aspect of the right upper extremity. On interrogation in regard to history, it was discovered that some three years before, in a sack race, he had fallen and injured his arm in a manner which led to its being described as a luxation of the shoulder-joint. From the effects of this he entirely recovered. After a time the swelling appearing in the locality mentioned, he obtained free exercise of the joint. A few weeks previous to entering the Hospital he had the misfortune to receive a second shock on the shoulder, rendering him unfit for labor; upon which event he decided to have the tumor removed. The eminence prior to the last accident occupied a higher situation. It was found on examination to be intensely hard. The length of time elapsed since its first appearance, the epiphysial age of the patient, the immediate advent of the swelling, the manner of obtaining the injury, and all subsequent developments, led to the suspicion that it was the superior epiphysis of humerus. This being diagnosed, the removal was decided upon with the anticipation of speedy recovery from the operation.

April 29th the excision was undertaken, patient being under the influence of chloroform. An incision nearly three inches in length was made above the tumor, and proceeding through the inner fibres of the Deltoid and fascia of the Pectoralis major, the epiphysis, as it proved to be, was extracted on severing an elongated spicula of bone, part of the lesser tuberosity, with a contracted portion of synovial membrane which had burst through the capsule of the joint. That this was the synovial membrane was proven by the efflux of a quantity of limpid, unctious synovial fluid. The wound was quickly brought together with a pin-suture, a compress placed on inner aspect, and arm bandaged to the body; the object of this procedure being to procure the rapid healing of the ruptured membrane, and prevent the usual consequences of an opening into the the joint. Though the wound closed by first intention, imflamma-

tion took place, and in a day or two it was freely opened to allow the escape of the purulent matter which had formed. A slight erysipelatous blush was noticed. May 4, unfortunately, he was found in a high rheumatic fever, a sequence of prior exposure, tongue thickly furred, pulse 96, anxious expression of countenance, and all joints more or less affected. This circumstance retarded recovery to a great degree, but under treatment of salicylate of soda in twenty-grain doses every four hours, an immediate arrest was made to its farther progress. On account of continuance of arthritic pains, iodide of potash was substituted in a few days with agreeable results. From this time forward his convalescence was rapid. Now, May 19, he is wholly well. The rheumatism has left him entirely. He has regained the perfect use of his joint, its movement in any direction not being impeded, and equal in all respects to the opposite articulation.

The case, as detailed above, is interesting and unique for this reason, that it is, as far as we know, the only one of its character in that situation on record, though fractures of the anatomical neck, with impaction and osseous, cartilaginous or ligamentous adhesion, are met with occasionally.* At the time of separation of epiphysis, the capsule was ruptured, but the piece of bone carried the synovial membrane forward with it. The epiphysis had, during the three years, by muscular action and as a result of the second injury, moved lower down. A new head to the humerus has of course been formed by bony deposition.

———:o:———

Dr. Orlaw, of St. Petersburg, reports ten successful cases of injection of the tincture of iodine into the knee-joint for chronic inflammation. The strength used was one drachm of tincture to three of water. Effusions in the cavity of the joint were first evacuated. The inflammation was rapidly ameliorated, and there was no relapse.—*Boston Medical Journal.*

*Prof. Miner had a similar case occurring in the head of the fermur, in which there was dislocation and fracture of neck of fermur, the head being removed immediately after the injury.

American Medical Association.

The opening general session of the meeting of the American Medical Association was held June 4th at St. James Hall, in this city. The main floor of the hall was filled by eleven o'clock.

The Association was called to order at 11.10 A. M., by the President, Dr. T. G. Richardson, of New Orleans Among those who occupied the stage were the President, the Vice-Presidents, and the Secretaries. After the session had been called to order, prayer was offered by the Rev. L. Van Bokkelen, D. D., rector of Trinity Church.

Profs. Gross, Davis, Toner, and Bowditch, ex-Presidents of the Association were invited to seats upon the stage. Then came the address of welcome by Dr. Thomas F. Rochester, of Buffalo, chairman of the Committee of Arrangements, which was appropriate and well received by the association.

The Secretary then presented the report of the Committee of Arrangements on the credentials of members. He read the list of 330 names from the Registry-book, and the report was adopted.

The Secretary announced that he had received charges against various medical societies, and some applicants for admission to membership, and the same were, on motion, referred to the Judicial Council.

The Committee of Arrangements presented a report recommending the reception of all the members of the Erie County Medical Society not delegates, and the following persons, by invitation:

George W. Stoner, M. D, United States Marine Hospital Service.
F. Lange, M. D., Kiel, Germany.
Edward Hutchinson, M. D. of Utica, N. Y.

They also presented for election as permanent members, the following:

George I. Northrup, M. D., of Marquette, Mich.
Stanford E. Chaille, M. D., of New Orleans, La.
L. G. Thacker, M. D., of Defiance, O.

The Secretary next read the following cablegram from Paris:

President American Medical Association—May your meeting be harmonious and contribute more than ever to the advancement of medicine. Truly sorry I cannot be with you. MARION SIMS.

The Chairman of the Committee of Arrangements made some announcements for the future proceedings and the programme of entertainments, after which Prof. James P. White introduced the President, T. G. Richardson, M. D. of Louisiana, who delivered his annual address.

At the conclusion of the address Prof. White said that it was idle for the Association to meet year after year and hear such proposi-

tions as had been presented by the President, without adopting some plan which would mature the same.

Prof. Gross moved that the thanks of the society be tendered to Dr. Richardson for his "excellent, very able, highly elaborated, scholarly and finished address" and expressed the opinion that the enthusiasm thrown into it had doubtless been infused into all present, and he hoped it would bear fruit of a high order in the future. The motion was carried.

On motion of Prof. White, a committee consisting of the President and his four immediate predecessors, was appointed to take into consideration the suggestions and recommendations set forth in the address.

Dr. Wm. Brodie, of Detroit, then read his report as the representative to the Canadian Medical Association.

The report was referred to the Committee on Publication.

Dr. L. A. Sayre, of New York, made a verbal report of his visit as a delegate to the British Medical Association. The report was brief and practical, and highly satisfactory.

The report on the action of the American Delegation before the International Medical Congress of Geneva by Dr. E. Seguin, of New York, was then read by the Secretary. This was also referred to the Committee on Publication.

After some annonncements had been made, the Association adjourned to meet in sections at 3 P. M.

Section One, Practical Medicine, Materia Medica, and Physiology convened at No. 354 Washington street, second story, at 3 o'clock in the afternoon. Dr. A. L. Loomis, chairman, presided, and in the absence of the regular secretary, Dr. G. H. Etheridge, of Illinois, Dr. J. Shoemaker, of Pennsylvania, was elected to fill the position. Dr. Shoemaker then proceeded to read an abstract of a paper on "Ring-worm in Public Institutions."

The next paper read was on "Pulmonary Tuberculosis," by by Dr. E. N. Davis, of Chicago. It was then discussed by Dr. N. S. Davis, of Chicago, and referred to the Committee on Publications."

Dr. Glasgow presented a specimen of fibrinous bronchitis, and remarks were made by Dr. Loomis, of New York, in which he stated he had seen six cases of this rare disease, and found that the influence of climate controls it. Dr. Rich moved to have Dr. Glasgow report a full history of the case at the next meeting. The paper was referred.

Section Two—Obstetrics and Diseases of Women and Children convened at No. 354 Washington street, third floor, and was largely attended. Dr. E. W. Jenks, of Detroit, presided, and Dr. H. O. Marcy, of Cambridge, Mass., officiated as Secretary. A paper on "Ovotomy" was read by Dr. Theophilus Parvin, of Indiana. It was discussed by Dr. Miller, of Chicago, who endorsed Dr. Parvin's theory, and by Dr. Reaves, of Ohio, Dr. Jenks, Dr. Dunster, of

Michigan, and others. Attention was called to operations performed by Drs. White and Miner, of this city.

Section Three—Surgery and Anatomy, met at St. James Hall in the afternoon, and was called to order by the Chairman, Dr. Henry H. Smith of Philadelphia, at three o'clock. The Secretary, Dr. E. T. Easley of Little Rock, Arkansas, performed the usual duties of that office.

In accordance with the rules, a sub-committee was appointed to examine papers read.

Dr. Howe of this city presented a patient and gave a verbal account of a case of plastic surgery upon the eye, accompanied with photographs.

Dr. C. C. F. Gay, of Buffalo, read a paper on the "Excision of the Diaphysis of the Tibia."

Dr. S. H. Weeks, of Portland, Maine, read a paper on "septicæmia following Resection of Bones."

Dr. Waterhouse asked the differance between pyæmia and septicæmia.

Dr. Weeks replied that by pyæmia he understood the reception into the blood of pus or some of its elements. In septicæmia there is decomposing blood. There are other points of difference, as there are metastatic abscesses in pyæmia, but not usually in septicæmia.

Dr. Keller had found that opium did not produce sleep except in doses dangerously large. Quinine could be given in large doses.

Dr. Woodward referred to the difference between septicæmia and pyæmia, and wished to know if the gentleman's statements were made on his own observation. He had seen blood poisoning without the existence of pus, but had never seen pus in the blood, or found anybody who had.

Then came a paper from Dr. Henry A. Martin, of Boston, on the subject of "Tracheotomy without Tubes." The next paper was read by Dr. John D. Carpenter, of Pottsville, Pa., on the "Identity of Hospital Gangrene with Diphtheria."

The Chairman read a letter from Dr. D. M. Clay, of Shreveport, La., regretting his inability to be present.

Dr. Wyckoff, of this city, was introduced, and read Dr. Clay's paper on "Peri-typhlitic Abscess."

This completed the regular programme, but two volunteer papers were read—the first by Dr. Post, on "Plastic Surgery;" and the second by Dr. E. M. Moore, of Rochester, on "Prevention of Septicæmia."

Section Four—For the consideration of Medical Jurisprudence, Chemistry and Psychology, had no papers, and did not organize. The Chairman, Dr. Walter Kempster, of Oshkosh, Wis., the Secretary, Dr. E. A. Hildreth, of Wheeling, W. Va., and a few others, met at the Fireman's Benevolent Association room, and adjourned.

Section Five—Met in the lecture room of Washington Street Baptist Church, at three o'clock, for the consideration of State Medicine and Public Hygiene, Dr. J. D. Cabell of the University of Virginia presided, and as soon as the Section was called to order, Dr. Henry I. Bowditch, of Boston, read an interesting paper upon "Studies of Epidemic of the Diphtheria which prevailed at Ferrisburg (adjacent to Vergennes) Vermont, 1877." The locality and course of the epidemic were traced out with great care and presented ciscumstantially. He presented the salient points of the epidemic and the paper was an exceedingly interesting one.

At the conclusion of his paper, Dr. Bowditch moved that his paper be referred to a committee of experts. Pending the vote on this motion, the paper was discussed by Dr. Jacobi and Dr. Bell of New York, Dr. Hollister of Chicago, Dr. Noyes of Detroit, Dr. Seguin of New York.

Dr. Toner moved as an amendment to the motion of Dr. Bowditch, that the paper be referred to a committee for publication. Dr. Jones of Toledo, in seconding the motion, took occasion to speak of contagion and infection, their causes, etc.

After further remarks by Dr. Jacobi, and Dr. Knight, and Dr. Isham of Connecticut, the vote was taken on the amendment of Dr. Toner, and it was carried.

Dr. E. Seguin of New York, next read an essay on the "Intervention of Physicians in Education." He spoke of the injury to the health of children by badly-ventilated school-rooms, and advocated the interference of doctors in our educational systems to remedy these evils. The paper was discussed by Dr. Bell, of New York; Dr. Jones, of Toledo; Dr. F. H. Hamilton, of New York; Dr. Noyes, of Detroit; and Dr. Storer, of Rhode Island. On motion of the latter, Dr. Hamilton was requested to present the subject before the Association, together with an outline of Dr. Seguin's views.

THE SECOND GENERAL SESSION.—The President, Dr. T. G. Richardson, of New Orleans, called the meeting to order. On the stage were the vice-presidents, secretaries, and several of the most distinguished physicians. Dr. Clark and Dr. Trenholme, members of the Canadian Medical Association, and Dr. Botsford, were also invited to seats there.

The list of delegates registered subsequent to the general session of Tuesday was read by the Secretary.

Letters of regret received from Dr. B. A. Vaughn, of Columbus, Miss., and Dr. Robert Battey, of Rome, Ga., were read and directed to be entered in the minutes.

The Judicial Council then submitted their report.

The Judicial Council would respectfully present the following report:

The charge against Dr. J. M. Keller, presented by Dr. G. W. Lawrence, were dismissed as unworthy of any consideration,

The charges against the Society of Grand Rapids, Mich., by Dr. P. J. Dwyer, are incomplete and unaccompanied by witnesses and testimony whereby the Judicial Council might be able to act.

The Arkansas petition referring to the State Medical Society, were dismissed without action. The charges against the Michigan State Society by Dr. W. W. Jones will be reported upon by Dr. N. S. Davis, Chairman of the Judicial Council.

The charges against W. T. Barr, M. D. of Abingdon, Va., presented by Dr. Ulrich of Chester, Pa., were dismissed by the Council.

S. N. Benham, M. D., Secretary of Judicial Council, in reference to the communication from the State Medical Society of Arkansas notifying the Association that the Hot Springs and Garland County Medical Society was not recognized by the State Medical Society and protesting against the reception of any members of that Society, it is decided that under the by-laws of this Association, said Hot Springs and Garland County Society loses its recognition with this Association from the date of its severance from the State Society.

S. N. BENHAM, M. D.,
Secretary Judicial Council.

The above was received and adopted.

Dr. N. S. Davis, Chairman of the Judicial Council, read the following additional report:

Report of the Judicial Council concerning the charges against the Michigan State Medical Society, referred by the Association at the annual meeting in June, 1877.

The charge in this case was an alleged violation of the code of ethics of the Michigan State Medical Society, in electing as a delegate to this Association Dr. E. L. Dunster, of the University of Michigan, knowing him to be engaged in aiding and abetting the graduation of students devoted to an exclusive dogma in medicine.

After a most careful examination of the code of ethics as it has appeared in the transactions of this Association from year to year, the Judicial Council fail to find any section or paragraph in it, that refers, even remotely, to the practice that constitutes the foundation of the charge under consideration, that any member of the medical profession proper, should ever engage in teaching, examining and certifying to the qualification of students, knowing that such teaching and examinations, were to aid said student in obtaining a diploma directly admitting them into a fraternity of irregular practitioners, was evidently not contemplated by the framers of our Code of Ethics, and hence they inserted no clause or section bearing upon that subject. The only provision in the code referring to those engaged in an attempt to practice medicine in accordance with "exclusive dogmas," is in the section regulating consultations at the bed-side of the sick. If the Judicial Council of this National organization should assume that the section of the code just referred to, indicated "the spirit" of those who framed and adopted it, and on that assumption, apply it to matters

and practises entirely foreign to those mentioned in the section itself, it would not only violate all the accepted principles of judicial construction, but would establish a precedent in latitudinous construction of the ethical code more dangerous to the best interests of the profession than all the evils sought to be remedied in the case under consideration.

It is true that this Association has adopted at different times two resolutions having reference to the subject involved in the charge against the Michigan State Medical Society, which still stand as expressions of opinion unrepealed.

But these resolutions constitute no part of the code of ethics; neither is obedience to them enjoined by the Constitution and By-laws on State and local medical societies as a condition of representation in this Association.

Therefore, while deprecating the practice of aiding or abetting in any way the teaching and graduation of students known to be supporters of singular and exclusive dogmas in medicine, as beneath the dignity of rightminded teachers of an honorable and liberal profession, your Judicial Council can find no clause in either the constitution, by-laws or Code of Ethics as they now exist, under which the charge against the Michigan State Medical Society can be entertained and adjudicated.

An animated discussion followed the reading of the report, and was participated in by Drs. J. M. Toner, N. S. Davis, S. C. Busey, J. J. Woodward, Wm. Brodie and Thomas Menees. The first named moved to refer the report back to the Judicial Council, and the same was seconded by Dr. Busey. Dr. Menees offered an amendment to the effect that the report be referred to the Council with instructions to draft a law governing the defect complained of and embracing a penalty for the punishment of the violation of the law. Before any action could be taken, the hour for the next order of business arrived.

Prof. Henry H Smith, Chairman of the section of Surgery and Anatomy, then delivered his address, taking for his subject: "Certain points on the Pathology of the Bones, especially Tubercle." After alluding to the opinion of former years that the skeleton was intended to support the body, he mentioned that recently a new function had been assigned it, the bones being now regarded by many as a "focus for the origin of the white and red corpuscles of the blood and through which serious diseased matter was introduced into the general circulation."

After showing its connection with septicæmia and blood poison, he discussed the original progress of tubercles in the bones, and their influence on Pott's and hip disease, both of which he thought were of tubercular origin. It was referred to the Publication Committee.

Dr. Frank H. Hamilton, of New York, by request, next presented the essential features of the able paper prepared by Dr. E.

Seguin, of New York, on "The Intervention of Physicians in Education," read by the author before the Section on State Medicine and Public Hygiene.

On motion of Dr. Toner the paper of Dr. Seguin was referred back to the section for publication.

When Dr. Hamilton had concluded the reading of extracts from the paper he said that it was hoped that the paper would be well discussed. Accordingly he spoke at some length upon the subject matter, dealing principally with the hygienic affairs in New York, and emphatically endorsed the paper.

Owing to the lateness of the hour further discussion, the President announced, was unavoidably prevented. Dr. Hamilton, therefore offered the following resolution, which was unanimously adopted :

Resolved, That in the opinion of this Association medical men ought to have a voice in the construction and location of public school buildings; in the question as to the age at which children should be admitted, the hours of study, and the general management of these institutions ; and to this end it is believed to be necessary that one or more intelligent physicians should be placed upon Boards of Education, Boards of Trustees, and upon other similar boards having the control of public education and schools.

Moses Gunn, M. D., Vice-President, took the chair, and Dr. E. W. Jenks, of Detroit, Mich., Chairman of the Section on Obstetrics and Diseases of Women and Children, delivered an address on "The Causes of Sudden Death of Puerperal Women." The paper was an able and exhaustive one and was referred to the Section on Obstetrics for publication.

Action upon the report on the revision of the By-Laws was made the special order of business for Thursday.

Dr. J. R. Bronson, of Massachusetts, offered the following preamble and resolutions :

Whereas, By the report of the Judicial Council submitted this day, we are informed that the ethical code of this Association is imperfect in that it does not recognize by its letter a conceded violation of the spirit of our profession in its relation to irregular medicine. Therefore,

Resolved, That said Council be instructed to submit to this Association at their meeting for its consideration an amendment to the Code covering this omission.

The above was on motion referred to all the members of the Judicial Council as a Committee.

Dr. Foster Pratt, of Kalamazoo, Michigan, offered a resolution in relation to the legal status of the insane, which was referred to the section on Medical Jurisprudence.

The Association then adjourned to meet in sections.

THE SECTION MEETINGS.

In Section One—The first paper read was on yesterday's programme by Dr. George M. Beard, of New York, entitled: "Practical Points in the electrical treatment of Impotence and Spermatorrhea."

Dr. Beard's paper was discussed at some length by Dr. Caldwell of Indiana, Palmer of Michigan, Bronson of Massachusetts, Shoemaker of Philadelphia, Woodbury of Philadelphia. It was referred to a sub-committee, consisting of Drs. Palmer, Hibbard and Bronson.

Dr. J. J. Caldwell, of Baltimore, then proceeded to read a paper on "The Neuroses of the Pneumogastric and Sympathetic."

A paper on "The Metric System in Medicine," by Dr. Edward Wigglesworth, of Massachusetts, was read. The system, he stated, has been recommended for use throughout the United States by the State Medical Societies of both New York and Pennsylvania. The section then adjourned.

Section Two—In this section, the first paper read was by Dr. T. A. Reamy, of Ohio, on "Hourglass Contraction of the Uterus," &c. Dr. Reamy's paper was discussed by Dr. Miller of Chicago, Dr. Dunster of Michigan, Dr. Parvin of Indiana, Dr. Baker of Milesboro, Dr. Bontecue of Troy.

Dr. H. Storer of Rhode Island, then read a paper on "The frequently Gynecological Origin of Inherited forms of Strumous Disease, and the consequent indications of treatment." The paper was referred to a committee.

Section Three.—Dr. Moses Gunn, of Chicago, was called to the chair temporarily, and Dr. Easley, of Little Rock, Arkansas, was at his post as Secretary.

Dr. H. H. Smith, of Philadelphia, presented his demonsrrations on certain points in the "Pathology of the Bones." At the end of the demonstrations, Dr. Smith resumed charge of the proceedings of the Section.

On motion it was decided that a debate of one half an hour take place on the subject presented by Dr. Smith, each speaker being limited to five minutes. The discussion was participated in by Dr. Gouley, and Dr. Sayre of New York.

Prof. Julius F. Miner, of Buffalo, then read a paper on "The Extirpation of the Thyroid Gland," illustrating it with specimens of tumors and of glands which had been entirely removed. The subject was discussed by Drs. Miner and Sayre. Following came a paper from Dr. B. A. Watson, of Jersey City, on "Disease Germs, their Origin, Nature and Relation to Wounds.

On motion of Dr. Post, of New York, all papers read in the section were ordered to be referred to a special committee. Dr. Hodgen, of St. Louis, and Dr. Hutchinson, of Brooklyn, were appointed such committee.

A paper was then read by Dr. Frederick Hyde, of Cortland, N. Y., on "The Process of Repairs in Wounds, with and without Antiseptic treatment."

Dr. Robert Burns, of Philadelphia, followed with a treatise on "Conservative Surgery in Compound Fractures."

Dr. Robert Battey, Rome, Ga., sent a letter regretting his inability to be present, but forwarded the paper which he was announced to read. It was on "The Permeability of the entire Alimentary Canal by Enemata, with some of its Surgical Applications." It was referred to the sub-committee.

The final paper of the afternoon, was read by Dr. Post, of New York, on "The Excision of Phalanges of the Fingers and Toes."

Section Four.—Held its first meeting in the rooms of the Firemen's Benevolent Association. Dr. Walter Kempster, Chairman presided, and Dr. W. M. Compton, of Mississippi, was chosen Secretary *pro tem.* Dr. Kempster read an interesting and lenghty paper on the "General Paresis of the Insane."

Section Five.—The subject of croup and diphtheria as contagious diseases was discussed by Prof. Jacobi, of New York; Dr. Wilcox, of Hartford; Dr. Abbott, of Hamburgh; Dr. R. J. O'Sullivan, of Mew York: Dr. Reeves, of Wheeling, and others.

Dr. Bell, of New York, then offered the following resolution, which was adopted.

Resolved, That Dr. E. Sequin's paper on the Intervention of Physicians in Education be recommended for publication in the transactions, and that Drs. F. H. Hamilton, E. Seguin, R. J. O'Sullivan, of New Yark; Dr. D. B. Lincoln, of Boston; Dr. W. H. Van Bibbin, of Baltimore, be appointed a committee to report to the Association at its next meeting upon the practical suggestions of the said paper.

Dr. J. S. Billings, U. S. A., of Washington, exhibited the plans of the John Hopkins Hospital, to be erected at Baltimore, showing improved plans of ventilation and drainage.

On motion, several papers which had been submitted were referred to a committee, consisting of the President and Secretary of the Section, with power.

THE THIRD GENERAL SESSION—Opened at twenty minutes to 10 o'clock with President Richardson in the Chair, and the other officers in their places.

The list of additional delegates was read by Secretary Atkinson.

The Secretary also read a letter of regret from Dr. R. O. Howard, of Montreal.

A protest to the registration of a New York State delegate was read and referred to the Judicial Committee.

The Judicial Council reported that the charges against the Iowa State Medical Society, and Scott County Medical Society, presented by Dr. P. J. Farnsworth, are dismissed, because the subject had

been already adjudicated by the Council at their Detroit meeting in 1874 They also reported that in the matter of the Washtenaw County Medical Society, it was decided that the Ann Arbor Society be entitled to two delegates to the present meeting. The report went over for one year.

Dr. Alfred Post, of New York, moved that the first two on the list from the Ann Arbor Medical Society be received as delegates, the others remaining as members by invitation. Carried.

Dr. A. N. Bell, of Garden City, offered the following resolution, which was laid over until next year:

Resolved, That Section Four, on Medical Jurisprudence and Psychology, and Section Five, on State Medicine and Public Hygiene, be consolidated into one section as Section Four.

Dr. N. S. Davis, of the Judicial Council, presented the following report proposing an amendment in addition to the Code of Ethics, and action on the same was deferred according to the rules for one year:

In obedience to the instructions of this Association, the Judicial Council, acting in the capacity of a Committee, have unanimously instructed me to report to your Honorable Body the following amendment and addition to paragraph 1, article 1, of the second division of the Code of Ethics, under the general heading, "Of the duties of physicians to each other, and to the profession at large," and the special heading, "Duties for the Support of Professional Characters." The same, when finally adopted, to be added at the end, and constitute a part of said paragraph 1, of article 1. The proposed addition is in these words: "And hence it is considered derogatory to the interests of the public, and the honor of the profession, for any physician or teacher to aid, in any way, the medical teaching or graduation of persons knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

Dr. J. M. Toner, of Washington, D. C., Chairman of the Committee on Necrology, presented his annual report. It was a very voluminous document, containing sketches of seventy-five physicians who had died during the the past year, and owing to its great length was not read but referred at once to the Committee on Publication.

The Secretary reported tnat the Committee on Catalogue of National Library was not prepared to make a report, and asked to to be continued. The request was granted.

Dr. A. L. Loomis of New York, Chairman of the section on Practical Medicine, Materia Medica and Physiology, was then introduced and delivered an able, exhaustive and interesting address. He noticed some of the important advances made in Practical Medicine, Physiology and Materia Medica, and also discussed at length the climatic treatment of pulmonary phthisis.

Dr. James P. White, of this city, offered the following resolution:

Resolved, That a committee of five be appointed to confer with General Myer, upon the subject of making observations as to the existence of ozone in various localities, and take such other steps and measures in the matter as may be necessary for the success of the object.

In seconding the above, Dr. Davis, of Chicago, briefly stated what had already been done to attain the object by the profession since 1874. After a discussion by Drs. Busey, White, Bell, Bronson, Leonard, Loomis and Davis, the resolution was adopted.

Dr. Toner, of the Committee on Nominations, announced that they were ready to report. Accordingly Dr. Hupp, of West Virginia, read the following, which was, on motion of Dr. White, of this city, accepted and adopted unanimously:

REPORT OF THE COMMITTEE ON NOMINATIONS.

After due consideration the Committee on Nominations respectfully report that they have nominated the following gentlemen for the various offices named, to wit:

President—Theophilus Parvin, M. D., of Indiana.

Vice-Presidents—A. J. Fuller, M. D., of Maine; W. F. Westmoreland, M. D., of Georgia; John Morris, M. D., of Maryland; John H. Murphy, M. D., of Minnesota. Treasurer—Richard Dunglison, M. D., of Pennsylvania. Librarian—Wm. Lee, M. D., of District of Columbia. Committee on Library—John Eliot, M. D., of District of Columbia. Next place of meeting—Atlanta, Georgia. Time of meeting—The first Tuesday in May, 1879. Assistant Secretary—Scott Todd, M. D., of Atlanta, Georgia. Committee of Arrangements—J. P. Logan, Chairman; H. V. M. Miller, G. G. Crawford, H. L. Wilson, J. F. Alexander, J. M. Johnson, Charles Pinckney, V. H. Taliaferro, J. T. Johnson, of Atlanta, Ga. Committee on Prize Essays—Robert Battey, of Rome, Ga.; J. G. Westmoreland, of Atlanta. Ga.; Wm. A. Love, of Atlanta, Ga.; Robert Kidley, of Atlanta, Ga.; Henry F. Campbell, of Augusta, Ga.; J. H. Van Deman, of Chattanooga, Tenn. Committee on Publication —Dr. Wm. B. Atkinson, Chairman; T. M Drysdale, M. D., A. Fricke, M. D., S. D. Gross, M. D, C. Wister, M. D., R. J. Dunglison, M. D., of Pennsylvania, and Wm. Lee, M. D., of District of Columbia. The Committee also report the following nominations for Chairmen and Secretaries of Sections for 1879: I. Practice of Medicine, Materia Medica and Physiology—Dr. Thomas F. Rochester, of Buffalo, N. Y., Chairman; W. C. Glasgow, of St. Louis, Mo., Secretary. II. Obstetrics and Diseases of Women and Children—E. S. Lewis, of New Orleans, Chairman; J. R. Chadwick, of Boston, Mass., Secretary. III. Surgery and Anatomy—Moses Gunn, M. D., of Illinois, Chairman; Dr. J. R. Weist, of Indiana, Secretay. IV. Medical Jurisprudence, Chemistry and Psychology

—Dr. Wm. M. Compton, of Mississippi, Chairman; L. M. Eastman, of Maryland, Secretary. V. State Medicine and Public Hygiene. —Dr. John S. Billings, of District of Columbia, Chairman; Dr. J. T. Reeve, of Wisconsin, Secretary. Committee on Necrology —J. M. Toner, M. D., of the District of Columbia, Chairman. Judicial Council—To fill a vacancy caused by death, John P. Gray, of Utica, N. Y.; in place of the seven whose terms expire at this meeting, D. A. Linthicum, of Arkansas; Foster Pratt, of Michigan; A. Woodward, of Connecticut; J. M. Toner, of District of Columbia; J. H. Van Deman, of Tennessee; S. M. Benham, of Pennsylvania; R. N. Todd, of Indiana.

After some announcements by the Committee on Invitations, Prof. Davis, of Chicago, presented the majority report of the Special Committee on the recommendations contained in the annual address of President Bowditch, delivered in Chicago last year. Dr. Bowditch then read a minority report.

The majority report was adopted unanimously.

R. J. Cabell, of the University of Virginia, delivered a very able and exhaustive address which occupied the attention of the Association for nearly an hour upon State Medicine and Public Hygiene.

On motion the address of Dr. Cabell was referred to the Section on Hygiene.

Dr. Sayer then arose to a question of personal privilege and asked that the Secretary be requested to place him upon record as opposed to the resolution adopted at Detroit, which declared that a fracture of all long bones could not occur without shortening. The request was granted.

The Association then adjourned.

The several sections met in their respective quarters at three o'clock yesterday afternoon to hold their closing sessions.

Section One. In this Section Dr. Martin, of Boston, made some statements in reference to the use of the solid rubber bandage in cases of eczema and ulcers of the legs.

Dr. T. F. Rochester, of this city, proceeded to read a paper on "Separation of the Ileum, and Spontaneous Occlusion of the Divided Extremities," which was listened to with great interest. The subject was discussed by Dr. Palmer of Chicago, Dr. Loomis of New York and Dr. Martin of Boston. The paper was referred to the Committee on Publication.

Dr. C. N. Palmer's paper on the use of ergot in the cure of goitre was next read. Drs. Rochester, Blackwood, O'Hara, Hibbard and Hester took part in discussing this paper, which was referred.

The address of Dr. Loomis before the general session in the morning was then taken up and discussed at length. A resolution was adopted providing that Dr. Dennison of Colorado be requested to study the subject of the climatic treatment of pulmonary phthi-

sis as he found it in Colorado and report at the next annual meeting. The section then adjourned *sine die.*

SECTION TWO. On reassembling yesterday afternoon a paper written by Dr. Levi F. Warner, of Boston, was read by Dr. Storer. The paper was discussed by Dr. Storer, Dr. Bartlett of Wisconsin, Dr. Marcy of Massachusetts, and was referred to the Committee on Publication.

Dr. John C. Irish's paper on Dr. Burnham's Surgical Treatment of Uterine Fibroids, was read by Dr. Dunster. The subject was briefly discussed by Drs. Storer, Smith and Dunster.

Dr. E. Cutter of Boston, spoke on the subject of the use of electrolysis for the same disease, and remarks were also made by Drs. Caldwell, Beard and Mussey.

Dr. George J. Engelman's paper on Battey's Operation for the Extirpation of the Ovaries was read by Dr. Dunster and briefly discussed.

The Section then adjourned *sine die.*

In SECTION THREE Dr. Hodgen of St. Louis presided in the absence of the regular Chairman. The first paper read was rather a lengthy one, by Dr. Frank H. Hamilton, of New York, his subject being, "Ex-section of the Meta-tarso-phalangeal Articulation in Valgus of the Great Toe."

On motion the regular order was suspended to allow Dr. Sayre to exhibit to the Section a child that had been treated and cured of Pott's disease by the application of the plaster jacket. The child had taken no medicine, and was free from any prominent deformity.

Dr. Gunn offered the following resolution:

Whereas, This Section having expressed an opinion upon the results of long bones: and

Whereas, In general convention a member has been asked and been accorded the privilege of recording his protesting vote; therefore

Resolved, That this Section re-affirms its opinion that shortening, in cases of fractures of the long bones, is the rule in practice, regardless of any of the means of treatment now in use.

The resolution was discussed by Drs. Kellar and Sayre in the negative, and by Dr. Frank H. Hamilton in the affirmative. The resolution was fully adopted, Dr. Sayre requesting that his protest against the opinion it expressed be placed on record.

Dr. John H. Packard of Philadelphia read a paper on "Fractures of the Wrist-joint," which was discussed by Dr. E. M. Moore of Rochester.

Dr. Theodore A. McGraw, of Michigan, read a paper on "The Pathology, Diagnosis and Treatment of Cancer." The next paper was by Henry O. Marcy, of Cambridge, Mass., on "A new use of Carbolized Ligatures as applied to Hernia."

After further discussion the section closed.

In SECTION FOUR the session was principally occupied in hearing read and discussing a paper on "Microscopic Examinations of the Nervous Centres," by Dr. Theodore Deecke, Special Pathologist of the Utica Insane Asylum. It was a paper of more than ordinary interest. The paper was referred, after discussion, and the Section adjourned.

In SECTION FIVE a letter from Dr. F. H. Hamilton of New York was read, declining to report at the next meeting of the Association on the subjects discussed in Dr. Seguin's paper, for the reason that he had not time to make such a report. A discussion then arose on the subject of the paper read by Prof. Cabell, the Chairman, before the general session.

On motion of Dr. Bell of New York, the paper was recommended for publication in the transactions.

The Chairman then read a paper on "The Bearings of Hygiene on Therapeutics," by Dr. J. R. Black, of Newark, Ohio.

On motion of the Secretary the paper was recommended for publication in the transactions.

After some discussion the section adjourned.

Upon the opening of the FINAL GENERAL SESSION at the usual hour, Friday morning, President Richardson announced the Ozone Committee appointed in accordance with a previous resolution.

The Secretary read a letter of regret from Dr. George E. Fenwick, of New York, which was ordered printed in the minutes.

Dr. J. S. Hibbard, of Indiana, offered the following resolution, which was adopted:

Resolved, That hereafter it shall be the duty of the Committee on Necrology to continue their reports to the death of medical men who have been members of this Association, and at the time of death were still in good fellowship or honorably separated from the Association.

Dr. A. N. Bell, of Garden City, moved the continuance of the committees appointed two years ago for the organization of State Boards of Health. The same was on motion carried.

The following communication was received from the Medical Society of the State of Pennsylvania and, after being read by the Secretary, was ordered entered on the minutes:

At the annual meeting of this body, held in Pittsburgh, May 1878, it was unanimously

Resolved, That the Medical Society of the State of Pennsylvania, recognizing the advantages of the metric system from its universatility, simplicity and scientific character, does recommend the use of the same to the members of the society, and urges them to familiarize themselves with it, and to advise their students to use it exclusively when they commence their medical career.

Resolved, That all communications made to this Society in which reference is made to weights and measures, the metric system only should be used.

Resolved, That the Secretary of this Society is instructed to bring this action of this society to the notice of the American Medical Association at its next meeting, and urge upon the National Association a similar action.

The preamble and resolutions were adopted.

A resolution was offered by Dr. Seguin asking the confirmation of Drs. Sims, Drysdale and Seguin as Commissioners and Delegates for the question of medical uniformity in Europe, to report next year. Adopted.

Dr. Davis next offered the following resolution which was adopted:

Resolved, That the section on Practical Medicine, Materia Medica, and Physiology recommend the appointment by the American Medical Association of a committee of five members, to whom shall be referred so much of the recommendations in the address of the President of that action as relates to the establishment of proper sanitaria for consumption, and the more accurate utilizing of the various mineral waters of our country with instructions to report at the next meeting of the Association.

The President announced the following delegates:

To European Medical Societies—Drs. Sims, Drysdale, Seguin, Daly, Halberstadt, Levis and W. H. Pancoast.

To the Canadian Medical Association—Drs. Brodie, Todd, E. N. Brush and W. Clarke.

The minutes of sections I., II. and IV. were received, and referred to the Publication Committee.

The following resolutions concerning certain legal relations of the Insane, offered by Dr. Foster Pratt, of Michigan, in Section V, and referred to the Association, were received and adopted:

Resolved, That the personal restraint of the insane is an essential element of the medical treatment of their disease, the use of which, as a therapeutical agency, may be justified by their insanity, just as the use of it as a public agency, for the prevention of injury to person or property, is justified by their dangerous conduct:

Resolved, That while none question the necessity for specific statutory provisions to regulate the restraint of those insane persons who are wholly or partly a public charge; we maintain

That it is the duty of relations and friends, and it is also their natural and inherent right, whether declared or understood by statute, to restrain and to care for their sick or insane relations as a private patient at his or their expense, in his or their home, or in a legally recognized and regulated hospital; and

That the exercise, by them, of so much restraint as is essential to their proper treatment of his disease is not a violation of his rights of personal liberty; and

That the duty and right to exercise such remedial restraint are subject to State surveilance or legal limitations only so far as may

be necessary to prevent their neglect of that duty or to punish their abuse of the right.

Dr. X. C. Scott called up the resolution of last year, creating a new Section of Opthalmology, Otology and Laryngology, to be known as Section VI, and moved its adoption. Carried.

On motion of Dr. E. Smith, of Detroit, Dr. H. Knapp, of New York, was made Chairman of the new Section, and X. C. Scott, of Ohio, was made Secretary.

Dr. Walter Kempster, of Oshkosh, Wis., Chairman of the Section on Medical Jurisprudence, Chemistry and Psychology, read a valuable paper on "The Relations of Pathology to the so-called Motor Centres," which was received with marked attention and applause. It was referred to the Committee on Publication.

The minutes of Section II. and V. were received and referred to the Committee on Publication.

The Secretary next read the annual report of the Treasurer, Richard J. Dunglison, of Philadelphia.

The report was adopted and referred to the Publication Committee.

The annual report of the Publication Committee was received and adopted.

On motion of Dr. Davis the Treasurer was instructed to pay the sum of $700 as an honorarium to the Permanent Secretary for his services.

The committee on Prize Essays reported that both prizes should be awarded to the two essays by one person. The motto, is, *Tempora mutantur et nos mutamur in illes.*"

On opening the sealed envelope the name of the successful essayist was found to be Dr. John A. Wyeth of New York City.

The Local Secretary next read the annual report of the Librarian, which was referred to the Committee on Library.

On motion af Dr. Brodie, of Detroit, the Treasurer was authorized to draw a draft of $200 for the expenses of the Library.

On motion of Dr. Davis, of Chicago, the recommendation of the Librarian adding Dr. J. M. Toner, of Washington, to the Library Committee, was adopted.

Dr. J. M. Kellar, of Arkansas, offered the following, which was laid over for one year :

Resolved, That in future the Committee on Nominations shall present the name of no person for appointment or election to office or position, save on the Committees on Necrology and Climatology, unless the party nominated be in attendance on the Association at the time.

Dr. J. J. Caldwell, of Maryland, offered a resolution creating a new section upon "Neurology and Electrology." Action was deferred for one year.

Dr. Maddox, of Baltimore, Md, offered another resolution, creating a section on "Diseases of the Genito-Urinary Organs, including Dermatology and Syphilis." Laid over.

On motion of Dr. Davis a resolution relating to the amendments proposed by him last year, was adopted.

Preamble and resolutions in relation to the late Prof. Joseph Henry, of the Smithsonian Institute, were offered by Dr. Toner, and adopted.

Dr. Hitchcox, of Michigan, proposed an amendment in regard to the election of officers, which was laid over until the next meeting.

Dr. Parvin, the President elect, was then introduced by President Richardson with a few complimentary remarks, and the former returned his thanks for the honor conferred in eloquent and fitting terms.

Dr. J. H. Van Deman, of Tennesee, offered a preamble and resolutions of thanks, which were unanimously adopted.

The Association at twelve o'clock, on motion adjourned *sine die.*

———:o:———

Association of American Medical Colleges.

MORNING SESSION.

The Association of American Medical Colleges, organized at Chicago last year, met in the hall of the Buffalo Medical College, corner of Main and Virginia streets, at ten o'clock Monday morning, June 3d. The President, Prof. J. B. Biddle, of the Jefferson Medical College, presided, and the Sectetary, Dr. L. Connor, of the Detroit Medical College, performed the usual duties of that office.

Credentials were presented from the following named delegates from various medical colleges:

Rush Medical College—Prof Moses Gunn.

Jefferson Medical College—Profs. S. D. Gross and J. B. Biddle.

Medical Department University of Louisville—Prof. J. M. Bodine.

Detroit Medical College—Profs. L. Connor and E. W. Jenks.

Chicago Medical College—Prof. N. S. Davis.

Miami Medical College—Prof. W. H. Mussey.

Starling Medical College—Prof. H. G. Landis.

Medical Department of University of Nashville and Vanderbilt —Profs. T. Menees and W. T. Briggs.

Louisville Medical College—Prof. A. B. Cook.

Medical Department University of Iowa—Profs. E. F. Clapp, W. F. Peck, W. S. Robertson.

Kansas City College of Physicians and Surgeons—Prof. T. B. Lester.

Medical Department of Michigan University.—Prof. E. S. Dunster and George E. Frothingham.

Missouri Medical College—A. P. Lantford.

Bellevue Hospital Medical College—Prof. A. Flint, Jr.

Cleveland Medical College—Prof. X. C. Scott.

Objections to the admission of Howard University, D. C., to the Association, were taken up and discussed. The objections were sustained, and the University refused admission by a vote of 12 to 3.

The Secretary presented a report, from which it is learned that there are twenty-five regular members and one affiliated member. Applications for membership had been received from the Ohio Medical College March 26th, and the Alabama Medical College March 18th last. As soon as the report was issued last Fall a letter was sent to all regular Medical Colleges of the United States, asking if they conformed to the articles of confederation required of regular or affiliated members. Accompanying this letter was sent the pamphlet containing a history of the organization of the Association, its constitution, by-laws, articles of confederation, and list of members. Two colleges—the Medical Department of Harvard and the Medical Department of the University of Pennsylvania—replied that they regarded it unadvisable for them to join the Association. Seven hundred copies of the constitution, by-laws, etc., of the Association were printed and about half of them distributed to members, other colleges, *Medical Journals*, etc. The remainder are on hand at the disposal of the Association.

The following named Colleges have filed with the Secretary copies of the laws under which they were incorporated: College of Physicians and Surgeons, New York; Medical Department of University of Louisville, Louisville Medical College, Kentucky School of Medicine, Chicago Medical College, Bellevue Medical College, Detroit Medical College, Galveston Medical College and Hospital, Fort Wayne Medical College, and Starling Medical College.

An amendment to the constitution was offered by the Bellevue Hospital Medical College, regulating the number on which the fees shall be rebated, and another directing each College to make out a correct list of its matriculants. These were seconded by the College of Physicians and Surgeons of New York.

The annual reports from the following named Medical Colleges were received and read by the Secretary: Chicago Medical College, Medical Department University of Louisville, Detroit Medical College, Louisville Medical College, Medical Department University of Iowa, Missouri Medical College, Miami Medical College, Medical Department University of Wooster, Jefferson Medical College, College of Physicians and Surgeons of New York, Kansas City College of Physicians and Surgeons, Hospital College of Medicine, Louisville, Cleveland Medical College, Dartmouth Medical College, Galveston Medical College, Bellevue Hospital

Medical College, and the Michigan University. These reports noted the honorary degrees conferred by each college within the year, with the age and name of the recipient, and why the degree was given. They also gave the names of all persons who had been allowed remissions and reductions of established fees with the reasons in each case for the proceeding. The report of the Medical Department of the Wooster University noted the fact that the Honorary Degree had been conferred upon an individual twenty-eight years old. As the articles of confederation distinctly state that this degree shall not be conferred upon men under forty years of age, it was decided that the Secretary of the Association be directed to inform the College in question of its violation of the regulation noted, and ascertain its reasons therefor.

Prof. Flint offered a resolution, which, after considerable discussion between Profs. Peck, Davis, Dunster, Cook, Frothingham and others, was referred to a committee consisting of Profs. Davis, Peck and Dunster, who were to report at the afternoon session.

At 12 o'clock a recess was taken until 3 P. M.

AFTERNOON SESSION.

Pursuant to adjournment, the Association met again at 3 o'clock.

Prof. Davis, of the committee to whom was referred the resolution offered by Prof. Flint, reported in favor of the resolution with a slight modification, and the same was adopted, as follows:

Resolved, That the Secretary of the Association be and he is hereby directed to furnish once in each year to each and every college, members and affiliated colleges the diplomas and tickets of which may be recognized by college members and affiliated colleges; and also to college members and affiliated colleges a printed list of those colleges (not including irregular colleges) of the United States that have applied for membership and have been rejected or expelled from the Association, the diplomas and tickets of which are not to be recognized by college members or affiliated colleges; and also to furnish with said list of rejected colleges not to be recognized the dates at which said colleges had been expelled from membership of the Association, and after which the diplomas and tickets of said colleges are not to be recognized.

On motion, Profs. Davis, Flint and Gross were appointed by the Chair a committee to consider the whole matter in relation to the classification of the Medical Colleges.

Prof. Gross offered a series of preambles and resolutions contemplating a meeting in September of representatives at Washington, for the purpose of raising the uniform standard of medical education.

Prof. Davis seconded the resolution. He referred to the efforts made to improve college instruction during the past twenty-five years, and thought that sentiment had reached a point which demanded an advancement in medical education. He favored a

three years' course of instrnction, of not less than eight months' duration per year, and no student could enter upon his studies in in any college until he had first given some evidence of preparation. He hoped to live to see the medical profession at the head of all science, where it belonged, and the adoption of the resolutions would be an important step in the right direction.

Prof. Gunn, of Rush College, was in favor of a three years' course as to the requisite graduation of students.

The Secretary read a letter from Prof. Seely, of the Ohio Medical College, in which he spoke in favor of a full course. The Secretary also stated that he was of the opinion from the correspondence he had had that a majority of the colleges were in favor of a full term.

Prof. Bodine spoke in favor of a three years' course, but thought the time was not suitable. He offered an amendment to the effect that the conference be held under the auspices of the Association, which was lost. The Friday preceding the meeting of the American Medical Association next year was fixed as the day for the holding of the Conference, and the preamble and resolutions were adopted.

Prof. Flint offered a preamble and resolution to the effect that the tickets and diplomas of the Nashville Medical College shall not be recognized by the Association so long as the institution gives two graduating courses a year, and accepts three years' practice in lieu of a course of lectures.

The following named officers were elected for the ensuing year:

President—Prof. J. S. Biddle.
Vice-President—Prof. N. S. Davis.
Secretary and Treasurer—Prof. L. Connor.

Dartmouth Medical College offered its resignation as an active member of the Association. Laid on the table for one year. The college at Fort Wayne, Ind., having been dissolved and a new one founded, the application of the latter to the place of the former was refused, and the new institution directed to send in its formal application as a new college. The College of Physicians and Surgeons of Indianapolis and the Medical Department of the University of Missouri signified their intention to apply for membership. Thanks were tendered to the retiring officers for efficient services, and to the Faculty of the Buffalo Medical College for the use of rooms.

The Association then adjourned to meet at the call of the President.

———:o:———

Convention of American Medical Editors.

The Tenth Annual Convention of the Association of Medical Editors was held Monday evening, June 3d, at the Tifft House, Dr. J. B. Gray, Superintendent of the New York State Asylum at

Utica, in the chair. The following members were present: Dr. John P. Gray, Utica, *American Journal of Insanity;* Dr. William Brodie, *Michigan Medical News;* Dr. Theophilus Parvin, *American Practitioner;* Dr. C. Henri Leonard, *New Preparations;* Dr. J. J. Mulheron, Dr. E. S. Dunster, *Michigan Medical News;* Dr. Laertus Connor, *Detroit Lancet;* Dr. O. Cowling, *Louisville Medical News;* Drs. N. S. and F. H. Davis, late of the *Chicago Medical Examiner;* Dr. T. F. Rumbold, *St. Louis Medical and Surgical Examiner;* Drs. J. F. Miner, E. N. Brush and W. W. Miner, *Buffalo Medical and Surgical Journal.* A number of physicians unconnected with medical journals were also present as guests. The annual paper was read by the President, Dr. Gray, who took for his subject the question of the laws of England and the State of New York for committing, detaining and discharging the insane from confinement.

The thanks of the Association were voted to Dr. Gray for his able and interesting paper. It was then opened for discussion.

Dr. Davis of Chicago said he was sorry the laws of other States had not been brought into the paper so that the Association might realize their defects. In Illinois, for instance, no insane person could be placed in confinement without first undergoing the shame of a public trial by jury. The injury to many patients was inconceivable.

Dr. Foster Pratt of Kalamazoo spoke of the laws of Michigan. In that State, he said, patients were in more danger from the courts than from the statutes. The Michigan laws were to a great degree similar to those of New York. He believed that relatives ought to have a right to take care of their insane as well as their other sick ones. If they neglected their duty, punish them; if they abused their power, punish them.

Dr. Gray spoke briefly of the terrible consequences arising from the Illinois law of bringing all sorts of patients, men and women alike, into a public court room.

Drs. Brush and Dunster were appointed a nominating committee, and upon their recommendation the following officers were elected for the ensuing year:

President, Dr. William Brodie, Detroit; Vice-President, Dr. J. F. Miner, Buffalo; Secretary, F. H. Davis, Chicago.

The meeting then adjourned.

MISCELLANEOUS.

Catgut Sutures in Surgical Operations.

The *Archives de Tocologie des Maladies des Femmes*, a leading Paris monthly, devoted, as its name indicates, to Obstetrics and Diseases of Women, quotes very freely from American medical journals, but rarely has an American contributor. We observe that the number for February contains an original article, (not a translation from English,) from the pen of one of our friends and contributors, Prof. Edward W. Jenks, of Detroit, entitled, "*Sur les sutures de l' uterus dans l' operation Cesarienne*," (Upon Sutures of the Uterus in the Cesarean Operation.)

There are some points in the paper which we deem of importance as bearing upon the Cesarian operation, or any other operation within the peritoneal covity, and the value of catgut as a reliable material for sutures, and we consequently give a brief summary of it.

The *Archives de Tocologie* had translated in full the paper of Dr. Jenks, which also appeared in the journal for December, 1877, upon a successful case of Cesarian section after seven days' labor, in which the writer spoke favorably of catgut sutures for closing the uterine rent as peferable to silver or any other material, although in the case related silver had been used, as catgut was not attainable. Dr. Jenks, for reasons which he gives, having changed his opinion concerning catgut, asks that the same publicity be given to his reason of repudiating catgut, as given to the paper which commended that material. He says that theoretically it is the best material on account of its innocuity and its ready absorption, but practically he believes it the worst of any, as no one yet has devised a knot which the heat and moisture of the peritoneal cavity will not cause to relax and it then be rendered useless. He has employed catgut to ligate intraperitoneal vessels in an ovariotomy where post mortem examination revealed not only the knot untied, but that it was less innocuous than silk used at the same time. In plastic operations about the vagina, a fair test of the same material has convinced him of its utter unreliability. As the only object of uterine suture in the Cesarean operation is to keep the incised parts in close contact so as to prevent the escape of any fluid from the uterus into the peritoneal cavity, one should employ only such material as can be invariably relied upon.

In further proof of the position taken, Prof. Jenks quotes from the transactions of the Obstetrical Society of London, in which Drs. Routh, Meadows and others give opinions unfavorable to the

use of catgut for uterine sutures. Dr. Meadows mentions two cases of death after Cesarean section, attributable alone to the use of catgut for closing the urine rent. These, added the writer, are lessons which should be widely published. The operation having fallen into discredit on account of the great mortality which has resulted, the interests of humanity demand that everything which relates to its success or failure, should be brought to the ffnowledge of the medical public.—*Toledo Med. and Surg. Jour.*

———:o:———

HIPPOCRATES REDIVIVUS.—Dr. W. P. King, at the late meeting of the Missouri State Society, got off the best thing we have seen for many a day. He was relating his early experience, and said:

"Of all the things that afflicted me in my early experience as a physician, the idea of a consultation was the worst. I dreaded meeting the old physicians. I thought gray hairs and wisdom were synonymous words. There was a man practicing in that country who had been there, well, ever since the flood. He had a wonderful reputation. I put the thing off as long as I could, but the inevitable came at last. One of the prominent men in my neighborhood got sick with pneumonia, and when the lung had solidified, and he had passed near unto death, I honestly informed the family of his dangerous condition. Of course they wanted Smith. I call him Smith, because that was not his name. Smith came, and I met him with fear and trembling. He wore a No. 3 hat and a No. 13 boot. I gave him a history of my case and the treatment, and awaited the coming storm. I expected to be overwhelmed with a flood of technicalities and with his wonderful knowledge of pathological anatomy. He looked at me through his spectacles with the gravity of an owl, and said, 'Doctor, did you ever try a black catskin poultice in these cases?' I admitted that, in my ignorance, I never had. I thought it a good time for me to get out of the case, so I informed the family that, as Dr. Smith had been their family physician before they knew me, he had better take the case. They were only too glad to make the change. That was an awful and calamitous night for cats, especially black cats.

"The man died, and Smith told them that if he had seen the case two hours earlier, and had succeeded in getting a 'leetle' blacker cat, he would have saved him. The family still think so."
—*Louisville Med. News.*

———:o:———

THE COMING DUTIES OF THE ACCOUCHER.—Prof. T. G. Thomas says: "The time is not distant when confinement cases will be treated very differently from what they are at the present day. This is a subject of the utmost importance. There is the most ur-

gent need of a radical change in the practice of a majority of the profession, and the time is ripe for the appearance of a stirring and abler paper on "The Proper Management of Natural Labor," which will awaken medical men to a sense of their duty in obstetrical cases. The physician should be expected and required to visit his patient from time to time all through her pregnancy, in order to see that every thing is progressing favorably for a successful delivery, and to remove, if possible, any condition (as albuminuria, for instance,) which is likely to interfere with this; and I am fully convinced that it will not be long before the accoucheur who does does not pursue this plan will be held culpable. Again, he will be held equally culpable if he discharge his patient at the ninth day, or at the end of a fortnight, without a physical examination to ascertain that the parts have sustained no injury from the strain and pressure of parturition, and that the process of restoration to the normal condition is going on satisfactorily.—*Maryland Med. Jour.*

———:o:———

EDITORIAL.

Recent Meeting of the American Medical Association.

The great American Medical Association has passed over Buffalo, "and the gates are shut." Never in the history of the Association has there been a more harmonious, useful and pleasant meeting. The scientific and practical were freely commingled with the social and legislative, so that the varied talent of the members was afforded ample opportunity, and we believe all enjoyed an unmixed pleasure. Every one seemed glad to look his neighbor in the face, and many pleasant acquaintances and desirable friendships were formed. The social opportunities were fully appreciated and enjoyed, and we think every physician present was made wiser and better.

We notice some of the Councilors of the Massachusetts Medical Society think it hardly worth while for that Society to provide for appointment of delegates annually to the American Medical Association, because, as one of them said, "one can't tell how long that body will continue in existence."

We think we can understand how this impression was formed. The recent meeting was favored by the presence of some of the most worthy and distinguished physicians of that State, who, in attending receptions given by the Buffalo Club, Prof. and Mrs. James P. White, Fine Arts Association and Society of Natural Sciences, finally reached the residence of Bronson C. Rumsey, Esq., on Delaware Avenue, and after polite and cordial reception by Mr. and

Mrs. Rumsey, passed immediately to the magnificent grounds, when, with but slight aid of the imagination they at once concluded that the American Medical Association had been suddenly and most unexpectedly admitted bodily into the Kingdom of Heaven, and of course reported that it would not "continue longer in earthly existence." But seriously, it was no great stretch of fancy for Mr. Rumsey's grounds, lighted with many colored lanterns, shining through the trees and down upon the lake, to be taken for enchanted land; angels looking down from model temples upon nymphs floating in magnificent gondolas upon the smooth waters of the lake below; fountains forming cascades over rocky beds; music floating down from the balconies above; hundreds of gentlemen and ladies in princely costumes filling the winding avenues of the park, and every recess in the elegant mansion, and making the less imaginative turn to their companions and ask, "What is this; who and where are we?" "Is it possible that this was made by human hands, or is this the true city of the new Jerusalem, with its gates of pearl and its streets of gold, and no need of the light of the sun?" All these questions were answered by another sip of "nectar," and the existence of the American Medical Association was settled for a long time to come.

But to return, the election of officers was an item of interest to many, and announcement being made of time for election of state representatives, every delegate hurried into some corner or chair, stairway or alcove and cried, delegates from New York, delegates from Pennsylvania, delegates from Illinois, &c., &c., with the wind of an Eastern Cyclone. One of the number would elect himself to mount a chair, stool or bench, and begin to make a speech about how President should be elected, which no one could hear. Each crowd was naming nominating member for the State, amidst confusion and consternation. In about three minutes some one previously agreed upon was declared nominating committee by some one or two screaming wildly aye, aye, aye, and the President of the Am. Med. Association was made. With all this disorder and indiscrimination the lot fell upon a very worthy and distinguished representative of the Am. Med. Profession, and we all shouted the louder aye, aye, aye.

This has worked all very well for the Association thus far. Representative men by merit of being from the North, South, East or West, have filled the place of coveted honor (?). It has been proposed to change the manner of electing officers. We have but a word on this subject. If there are any men the American Medical Profession desire to honor we hope for change in this respect, as at present the *honor*, as it seems to be regarded, is a very questionable one, and should not be left thus to so great indiscrimination and uncertainty.

———:o:———

We are indebted to the daily press of Buffalo for the data of our report of American Medical Association proceedings, and the entire Medical press of the country will join with us in expression of thanks.

LACTOPEPTINE.—This preparation which has the merit of being considerably cheaper than the best kinds of Pepsin, has been found by actual experiment to possess a decided and uniform solvent power, greater, weight by weight, than Pepsin as usually prescribed. It is a combination of Pepsin, Sugar of Milk, Pancreatine, Ptyalin, and Lactic and Hydrochloric Acids. We have administered Lactopeptine in a number of cases where Pepsin was indicated, and have been fully satisfied with the result.—*New York Medical Journal.*

———:o:———

Books Reviewed.

Cyclopædia of the Practice of Medicine. Edited by H. VON Ziemssen. Volume XIV. Diseases of the Nervous System, and Disturbances of Speech. Albert H. Buck, M. D., American Edition. New York: Wm. Wood & Co. Buffalo: J. H. Matteson, pp. 893.

The portion of this volume which is of most interest to physicians generally, is that by Professor H. Nothnagel, of Vena, upon Epilepsy and Eclampsia. The style of the author is very clear, careful, direct and easy to read. He will be remembered as the author of the excellent contribution to volume twelve, upon apoplectic and circulatory affections of the brain. Respecting the anatomical lesions in epilepsy, which have been found hitherto by investigation, he remarks as follows:—"No alteration is shown with certainty to be constant. There is only one thing to which the investigations now before us point, viz., that generally speaking, the primary histological departures from the normal state are to be looked for with the greatest probability, in the bulb of the medulla. Even with regard to the changes in the bulb, it is questionable whether they are primary or secondary."

The forms of epileptic seizure, he classifies as those in which,—1. The paroxysms appear with coma and general convulsions (*haut mal*); 2. Paroxysmal loss of consciousness alone occurs, the spastic element, for the involuntary muscles, at all events, being absent (*petit mal*); 3. With inconsiderable loss of consciousness, partial twitchings occur in the region of certain muscles, whereby in the most various ways, a transition is effected between the forms embraced under the first and second forms; 4. Irregular forms of seizure and epileptoid states are met with.

Following the example of Trousseau and Griesinger, Nothnagel recognizes epileptoid conditions, which he says though characterized by the most peculiar symptoms, are by their course proven to agree with ordinary forms of

epilepsy. They are often preceded by a distinct indubitable injury, or during their progress, spasmodic muscular symptoms occur, at first of limited extent, but which gradually develop the well known characteristic features of the disease; or again, the *grand mal* may appear suddenly when for a long time there had existed only the indefinite epileptoid attacks. He instances a few illustrative cases, gives symptoms indicative of the character of attacks termed epileptoid, shows firm belief in the existence of such a form of epilepsy, but for detail refers to Falret and authors specially treating of this matter, which is of the utmost importance in psychiatric and forensic medicine.

As to the pathology of an epileptic seizure he recognizes two points, the unconsciousness and the convulsions. The former is due to disturbance of the vaso-motor nerves, which causes anemia of the cerebrum in cases characterized by pallor of the countenance which is in the majority of cases the first indication of the approach of an attack, or the unconsciousness may be the result of cerebral venous hyperemia, from compression of the jugular veins by the contracted muscles of the neck. The convulsions arise from disorder in the pons varolii which has been found to be the "convulsion center," or the tract, through the excitation of which, general convulsions arise. In this point he is more or less upheld by Kussmaul, Tenner, Brown-Sequard and Schiff. Deiters has pointed out that in the pons exists the first *central* termination of the motor fibres which come from the periphery, at the floor of the fourth ventricle lie united the gray nuclei for the motor cerebral (cranial) nerves; moreover, in the medulla oblongata is found the so-called respiratory center, and finally also the vaso-motor center, which he states, is concerned in the genesis of the cerebral symptoms or the unconsciousness. He thoroughly shares in the opinion expressed by Schrœder van der Kolk, Brown-Sequard and Russell Reynolds, that in epilepsy there is an "increased irritability" of the reflex nervous centers situated in the pons and the medulla. The pathological or perverted physiological condition of these centers may or may not be found connected with pathological lesion in other parts of the brain, in dilatations of the vessels of the brain or with perverted nutrition or cicatricial deposit in nerve tissue outside the brain. Irritation of these centers in the pons and medulla may at first proceed from other diseased parts of the nervous system, or there may be no known cause of the development of epileptic irritability here.

Mental disorder connected with epilepsy is said not to be produced by violence of the attacks, nor does thrombosis or apoplexy of the brain occur but rarely from epileptic seizures. Though permanent mental disorder is present in the majority of epileptic cases, there is general agreement that no very constant relation exists between the mental impairment and the violence of seizures, the length of time during which the patient has been subject to

them, or the rapidity of their recurrence, though this latter has more connection therewith than the others.

The treatment of the disease is well discussed and the whole article is written in an admirable and masterly manner.

Professor A. Eulenburg, of Griefswald, has written very intelligently and practically upon Vaso-Motor and Trophic Neuroses, Catalepsy, Paralysis Agitons, and Tremor. The editor Von Ziemssen, has a very good article upon Chorea; likewise Professor F. Jolly, of Strassburg upon Hysteria. Dr. J. Bauer, of Munich, contributes a brief section upon Tetanus.

Disturbances of Speech is most thoroughly, intelligently and carefully treated of by Professor Kussmaul, of Strassburg, in an article which occupies two hundred and ninety-five pages of the work. Portions of this are very interesting to read, and if the author helps physicians who have opportunity of observing, to better discrimination in respect to the various faulty actions that may contribute to, or produce, aphasic, agraphic or amimic disturbance, progress in our knowledge thereof will be greatly furthered.

Prescription Writitng By FREDERICK HENRY GERRISH, M. D. Portland, Me.: Loring, Short & Hannon. Philadelphia: J. B. Lippincott & Co., 1878. Pp 51.

This little work is designed for the use of Medical Students who have never studied latin, and as such is of great value. Although a student should never begin the study of medicine without a slight knowledge of this most important of all classical language, at least, such as may be obtained by a few months study, still, so long as any will come unprepared, this little volume will be, to them, an aid and comfort. It contains the nominative and genitive of all the names of the Materia Medica, and may be of service to the practitioner as a reference book if any one should escape his memory.

Studies in Pathological Anatomy. By FRANCIS DELAFIELD, D. M. March, April and May, 1878, No. 2, 3, and 4. New York: Wm. Wood & Co. Subscription $5,00 a year. Single number 50 cents.

We have already expressed our favorable opinion of this excellent series, and can see no reason to change, indeed, each number increases the esteem in which we hold it. The plates are all well executed, truthful and instructive, while the text fully explains the subjects portrayed.

No. 2 contains five plates from IV to VIII, giving the anatomy of the

pleura and shows the endothelium, connective tissue cells, and lymphatics of this important structure.

No. 3 illustrates the changes in the plura due to inflammatory action. Plate IX shows the new cells from Pleurisy in the Dog, 24 hours. Plate X Layer of cells and fibrine from Pleurisy in the Dog 3d day. Plate XI gives an idea of the formation of a layer of new tissue as seen in Pleurisy 5th day; Plate XII indicates the nature of endothelial and connective cells as found in pleurisy of the Dog, 7, 9 days.

No. 4 illustrates the radical changes due to empyema as seen in a dog after 24 hours, and again at ten days, and in Plate XV a vertical section of human pleura changed by empyema.

These numbers more than meet the expectations raised by the first, and will remain a worthy monument to the industry of the talented author.

Injuries of the Eye and their Medico-Legal Aspect. By FERDINAND VON ARLT, M. D., Professor of Ophthalmology in the University of Vienna. Translated with the permission of the author by Charles S. Turnbull, M. D., Surgeon in the Eye and Ear Department, Howard Hospital; chief of the Ear Clinic, Jefferson Medical College Hospital, etc. Philadelphia: Claxton, Remsen & Haffelfinger.

The author states that as a member of the Medico Legal Commission of the University of Vienna, he has noticed a want of a work that presents information upon the subject of injuries of the eye and their treatment, in a more readily accessible form. He has therefore prepared a compend upon the subject in which he does not endeavor particularly to present original material. It cannot but be felt that the distinguished author does good service to the profession, and that his volume will be of value for the purpose for which it is designed.

BRAIN: A JOURNAL OF NEUROLOGY.—Edited by Drs. Bucknill, Crichton-Browne, Ferrier, and Hughlings-Jackson, and published by Messrs. McMillan & Co., London and New York. The Editors of "Brain" make no apology for adding another to the already long list of British scientific journals. The want has been long felt of a periodical devoted to the discussion of kindred subjects, not yet adequately represented in existing medical and scientific serial literature.

It will be the object of "Brain" to keep its readers well abreast of modern progress in Neurology, and to advance the knowledge of a class of diseases respecting which, it is universally admitted that much has yet to be learned.

THE AMERICAN SERIES OF CLINICAL LECTURES.—With the issue of No. 36 of the Series of Clinical Lectures, the third volume will be completed, and the publication of the Series will for the present be discontinued.

The three volumes now completed contain an exceptionally valuable series of monographs on practical subjects, by some of the ablest instructors in the profession, and the publishers expect to obtain for them (at the reduced price of $3) a permanent sale.

Single numbers of all Lectures can also be obtained at the price of 25 cents each.

———:o:———

Books and Pamphlets Received.

Physics of the Infectious Diseases. By C. A. Logan, A. M., M. D. Chicago: Jansen, McClung & Co., 1878.

Atlas of the Diseases of the Skin. By Balmanno Squire, M. B. London: J. & A. Churchill, 1878.

Intra-Venous Injections of Milk. By T. Gaillard Thomas, M. D. (Reprint from New York Medical Journal. New York: D. Appleton & Co., 1878.

Laparo-Elyilotomy. By T. Gaillard Thomas, M. D. New York: Wm. Wood & Co., 1878.

The London Lancet, June, 1878.

Annual Report of Eye and Ear Department of St. Mary's Hospital, Detroit.

Quarterly Journal of Inebriety,

Popular Science Monthly, July, and Supplement No. XIV.

Announcements of Bellevue Hospital Medical College; University of Louisiana Medical Department; and Albany Medical College.

An open letter to Eugene Grissom, M. D. LL. D. By Wm. A. Hammond, M. D.

Fluid Extracts by Repercolation. By E. R. Squbb, M. D.

A Contribution to the Pathological Anatomy of Desseminated Cerebro-Spinal Sclerosis. By Dr. E. C. Seguin, New York; Dr. J. C. Shaw, Brooklyn, and Dr. A. Van Derveer, Albany.

Post-Paralytic Chorea. By E. C. Seguin, M. D.

Localized Cerebral Lesions. By E. C. Seguin, M. D.